

LAC+USC Provider Time Study - Spring 2018: Mon - May 7th through Sun - May 20th

Provider: Cheongsiatmoy, Justin

Survey Status: Finalized

Department: Neurology

Date Printed: 2018 07 19

List of Unit Codes Used in this Survey:

Unit Code	Site	Description	Service Category
74214	LAC USC	SURGERY OPERAT NG ROOM	ANC LLARY SERV CE
68217	LAC USC	PHYS C AN NEUROLOGY	SERV CE W THOUT D RECT PAT ENT CONTACT

Summary of Service Records:

Hours by Activity													
Date of Service	Unit Code	1A	1B	1C	1D	2A	2B	2C	2D1	2D2	2D3	3	4
05 07 2018	74214	4 0			20 0								
	Sum of Hours:	4.0	-	-	20.0	-	-	-	-	-	-	-	-
05-07-2018	TOTAL HOURS: 24.0	INITIALS: x											
Date of Service	Unit Code	1A	1B	1C	1D	2A	2B	2C	2D1	2D2	2D3	3	4
05 08 2018	68217									1 0			
	74214				23 0								
	Sum of Hours:	-	-	-	23.0	-	-	-	-	1.0	-	-	-
05-08-2018	TOTAL HOURS: 24.0	INITIALS: x											
Date of Service	Unit Code	1A	1B	1C	1D	2A	2B	2C	2D1	2D2	2D3	3	4
05 09 2018	74214	8 0			16 0								
	Sum of Hours:	8.0	-	-	16.0	-	-	-	-	-	-	-	-
05-09-2018	TOTAL HOURS: 24.0	INITIALS: x											
Date of Service	Unit Code	1A	1B	1C	1D	2A	2B	2C	2D1	2D2	2D3	3	4
05 10 2018	68217								2 0				
	74214	5 0			17 0								
	Sum of Hours:	5.0	-	-	17.0	-	-	-	2.0	-	-	-	-
05-10-2018	TOTAL HOURS: 24.0	INITIALS: x											
Date of Service	Unit Code	1A	1B	1C	1D	2A	2B	2C	2D1	2D2	2D3	3	4
05 11 2018	74214	5 0			19 0								
	Sum of Hours:	5.0	-	-	19.0	-	-	-	-	-	-	-	-
05-11-2018	TOTAL HOURS: 24.0	INITIALS: x											

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Date of Service	Unit Code	1A	1B	1C	1D	2A	2B	2C	2D1	2D2	2D3	3	4
05-12-2018	TOTAL HOURS: 0	INITIALS: x											
Date of Service	Unit Code	1A	1B	1C	1D	2A	2B	2C	2D1	2D2	2D3	3	4
05-13-2018	TOTAL HOURS: 0	INITIALS: x											
Date of Service	Unit Code	1A	1B	1C	1D	2A	2B	2C	2D1	2D2	2D3	3	4
05 14 2018	74214	8 0			16 0								
	Sum of Hours:	8.0	-	-	16.0	-	-	-	-	-	-	-	-
05-14-2018	TOTAL HOURS: 24.0	INITIALS: x											
Date of Service	Unit Code	1A	1B	1C	1D	2A	2B	2C	2D1	2D2	2D3	3	4
05 15 2018	68217									1 0			
	74214	6 0			17 0								
	Sum of Hours:	6.0	-	-	17.0	-	-	-	-	1.0	-	-	-
05-15-2018	TOTAL HOURS: 24.0	INITIALS: x											
Date of Service	Unit Code	1A	1B	1C	1D	2A	2B	2C	2D1	2D2	2D3	3	4
05 16 2018	74214	8 0			15 0			1 0					
	Sum of Hours:	8.0	-	-	15.0	-	-	1.0	-	-	-	-	-
05-16-2018	TOTAL HOURS: 24.0	INITIALS: x											
Date of Service	Unit Code	1A	1B	1C	1D	2A	2B	2C	2D1	2D2	2D3	3	4
05 17 2018	68217								2 0				
	74214	3 0			19 0								
	Sum of Hours:	3.0	-	-	19.0	-	-	-	2.0	-	-	-	-
05-17-2018	TOTAL HOURS: 24.0	INITIALS: x											
Date of Service	Unit Code	1A	1B	1C	1D	2A	2B	2C	2D1	2D2	2D3	3	4
05 18 2018	74214	6 0			18 0								
	Sum of Hours:	6.0	-	-	18.0	-	-	-	-	-	-	-	-
05-18-2018	TOTAL HOURS: 24.0	INITIALS: x											
Date of Service	Unit Code	1A	1B	1C	1D	2A	2B	2C	2D1	2D2	2D3	3	4
05-19-2018	TOTAL HOURS: 0	INITIALS: x											
Date of Service	Unit Code	1A	1B	1C	1D	2A	2B	2C	2D1	2D2	2D3	3	4

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05-20-2018	TOTAL HOURS: 0	INITIALS: x											
Spring 2018	TOTAL SURVEY HOURS: 240.0	53.0	-	-	180.0	-	-	1.0	4.0	2.0	-	-	-

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PHYSICIAN ALLOCATION SUMMARY			
ACTIVITIES		SURVEY-BASED PERCENTAGES	ALTERNATE PERCENTAGES
1.	PATIENT CARE		
	A Direct patient care	22 08 %	0 %
	B Supervision of interns and residents in the provision of patient care	0 %	%
	C Clinical research	0 %	%
	D Off Premises Call Coverage Patient Care	75 %	0 %
2.	SERVICES TO THE HOSPITAL		
	A Supervision of interns and residents [scheduling planning and evaluating the work of interns and residents including clinical rounds]	0 %	0 %
	B Teaching of interns and residents [preparing for and presenting of instruction to interns and residents in classrooms and lecture halls or in other formal settings]	0 %	0 %
	C Teaching and supervision of allied health professionals [teaching and supervising the performance of trainees in approved allied health programs]	0 42 %	0 %
	D Administration		
	1 General administration [supervising the performance of employees excluding interns and residents; committee meetings; and autopsies]	1 67 %	0 %
	2 Continuing medical education	0 83 %	0 %
	3 Off Premises call coverage Administrative	0 %	0 %
3.	RESEARCH		
	Systematic studies directed towards better scientific knowledge usually obtained in a laboratory with test tubes and animals	0 %	0 %
4.	COMPENSATED TIME OFF		
	Vacation holiday sick leave etc	0 %	0 %
TOTAL		100%	0 %
These percentages represent the activities will be providing during the current FY			
Provider s Signature		Date	
Department Chairman s Signature		Date	

Finalized

Exhibit 13

Chapter 6 | Who to Call

Reporting

If you suspect fraud and abuse or have concerns about a potential violation of healthcare laws, report your concerns immediately. We cannot address problems we don't know about.



Contact your supervisor, administration, the Office of Compliance or the USC Compliance Help and Hotline at (800) 348-7454 or on the web at www.mycompliancereport.com, and entering "UOSC"

- This number is available 24/7
- Calls to the hotline are kept confidential
- Callers may report anonymously if desired
- Retaliation for good faith reporting of a compliance concern is not tolerated.

Examples of when to use the USC Compliance Help and Hotline:

- Have you been asked to perform an activity that violates university policy or simply feels wrong?
- Have you raised concerns that you feel have not been addressed?
- Do you have a billing, coding, or documentation question and you are not sure who else to ask?
- Do you believe there has been a violation of law?

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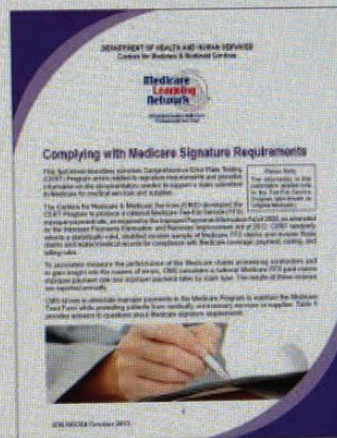
Chapter 4 | Electronic Medical Record (EMR) Documentation

Authorship Integrity

- Healthcare Professional's signature is required in the medical record when rendering, treating or ordering services.
- The Healthcare Professional's signature certifies that the record has been fully documented and reviewed for accuracy.
- In order to maintain an accurate medical record, all Healthcare Professionals are expected to complete documentation of services rendered during or promptly after providing such services

It is not permissible to copy patient-specific documentation from another author unless attribution is included.

- Attribution should consist of the original author's name, date of service and type of service performed along with his/her formal findings.



Complying with Medicare Signature Requirements, ICN 905364

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Signature_Requirements_Fact_Sheet_ICN905364.pdf

Chapter 2 | Fraud and Abuse

Anti-Kickback Statute

The Anti-Kickback Statute prohibits the knowing offer, payment, solicitation or receipt of “remuneration” to:

- Induce or reward patient referrals, or
- Generate business involving any item or service payable by a federal healthcare program, e.g., Medicare, Medi-Cal, CHIP, TRICARE.

The recipient and the provider of remuneration in violation of the Anti-Kickback Statute are each at fault in any arrangement that involves prohibited remuneration for referrals.

Remuneration includes anything of value, such as:

- Cash and gifts
- Free rent
- Excessive compensation for medical directorships
- Expensive hotel stays and meals
- Receipt of payments for services not performed (disguised kickbacks)

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Chapter 2 | Fraud and Abuse

Anti-Kickback Statute

In some industries, it is acceptable to reward those who refer business to you. However, under Federal healthcare programs, paying for, or receiving remuneration for, referrals is a crime.¹

Penalties include:

- Fines
- Exclusion from participation in the Federal Healthcare programs
- Civil monetary penalties
- Jail

STRAIGHT FROM THE HEADLINES

•Tenet Healthcare Corporation, and two of its Atlanta-area subsidiaries paid over \$513 million to the state and federal government to settle allegations that it schemed to defraud the United States and to pay kickbacks in exchange for patient referrals Department of Justice.

•Novartis Pharmaceuticals paid \$370 million as a settlement regarding allegations that Novartis gave kickbacks to specialty pharmacies in return for recommending two of its high-priced drugs, Exjade and Myfortic.

•Unlawful patient referral schemes not only limit patient provider choices, but ultimately lead to higher healthcare costs.

¹ A Roadmap for New Physicians Avoiding Medicare and Medicaid Fraud and Abuse, Office of Inspector General: US Department of Health and Human Services. <http://oig.hhs.gov/fraud/PhysicianEducation/>

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Chapter 2 | Fraud and Abuse

False Claims Act

The FCA also contains protections for “whistleblowers” who are individuals that inform the government of potential false claims violations.

If the false claims allegations are proved in court, the whistleblower can receive between 15-30 percent of the amount recovered by the government.

The FCA also provides whistleblowers with employment protection against discharge, demotion and threats.

Life Care Centers of America Inc. Agrees to Pay \$145 Million to Settle Whistleblower Case

The named defendant in this case was a skilled nursing facility (SNF). To learn more about this case, click on the link below:

<https://www.justice.gov/opa/pr/life-care-centers-america-inc-agrees-pay-145-million-resolve-false-claims-act-allegations>

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altheastream.com/content/51014_USCHOSPITALSORGLEVEL/scorm/Healthcare%20Compliance%20Education%20Refresher%202017%20v2/multi

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Chapter 2 | Fraud and Abuse

What Can You Do?

- Follow policies and procedures
- If you discover a problem, don't hope it will go away! Ask for support!
- Keep policies and procedures current and update them when regulations change
- Ask questions if something doesn't seem quite right

Help us prevent fraud and abuse!

Report concerns about potential fraud and abuse immediately to your supervisor, administration, the Office of Compliance or anonymously to the USC Compliance Help and Hotline at (800) 348-7454 or on the web at www.mycompliancereport.com, and entering UOSC



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Play

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USC

Chapter 2 | Fraud and Abuse

California False Claims Laws

The State of California also has false claims laws that:

- Prohibit USC from knowingly submitting a false claim for healthcare services to a government or private payer.
- Impose penalties that can include imprisonment and fines.
- Provide protection from retaliation for employees who assist in investigation or legal action under these laws.

Find Out More:

[Detecting and Preventing Fraud and Abuse in Federal Healthcare Programs](#)

In some cases, an individual may bring a legal action under the state and, if successful, the individual will receive a portion of the recovery.



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- Expensive hotel stays and meals
- Receipt of payments for services not performed (disguised kickbacks)

False Claims Act

HEALTH INSURANCE CLAIM FORM (FOR PROG)

PLAN (ID) ☐ FECA ☐ BLK LUNG (SSN) ☐ OTHER (ID) ☐

BIRTH DATE ☐ YY ☐ SEX ☐ M ☐ F ☐

RELATIONSHIP TO INSURED ☐ Other ☐

INSURED'S NAME (Last Name, First Name, Middle In)

ADDRESS (No., Street)

CITY TELEPHONE

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Chapter 2 | Fraud and Abuse

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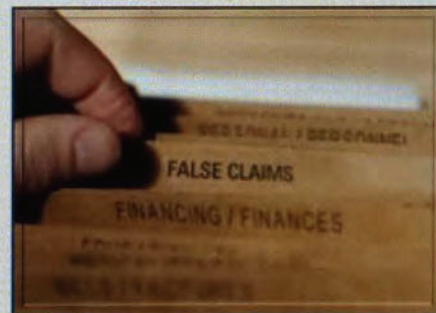
Chapter 2 | Fraud and Abuse

False Claims Act (FCA)

- The Federal False Claims Acts (FCA) applies to improper payments to government payers.
- Improper payments include overpayments, underpayments, payments made to ineligible recipients, or payments that were not properly documented. Improper payments can be the result of mismanagement and errors, or fraud and abuse. Regardless of the reason:
 - It is **illegal** to submit claims for payment to third party payers that you know or should know are false.
 - The FCA prohibits “knowingly” **submitting** a false claim for payment or **concealing** a payment that was improperly received.
 - Overpayments made by a government payor must be returned within sixty (60) days of identification

How does the FCA define “knowingly”?

1. Has **actual knowledge** the information is false
2. **Acts in deliberate ignorance** of the truth or falsity of information, or
3. **Acts in reckless disregard** of the truth or falsity of the information



False Claims Act

Penalties for a violation of the FCA could include:

- \$10,781 to \$21,563 for each false claim
- Treble damages
- Criminal charges



FCA Penalties Add Up Fast!!

- Arising from 6 different cases Shire Pharmaceuticals agreed to pay **\$350 Million** to Settle False Claims Act Allegations.
- The allegations were that Dermagraft salespersons induced clinics and physicians to encourage the use of Dermagraft by providing them dinners, drinks, entertainment and travel; medical equipment and supplies; unwarranted payments for purported speaking engagements and bogus case studies; and cash, credits and rebates.
- These type of schemes undermine the health care system and physicians must be held accountable for accepting payments to be influenced to make decisions.

<https://www.justice.gov/opa/pr/shire-plc-subsidaries-pay-350-million-settle-false-claims-act-allegations>

Healthcare Fraud

Two coders assign diagnosis codes.

The physician's documentation is unclear and incomplete, but the coders believe this physician always treats the more seriously ill patients. After discussion, they assign a code that represents a more serious medical condition than is actually documented.

Is this an acceptable practice?

See USC Care Compliance Standards at:

<http://ooc.usc.edu/healthcare-compliance/usc-care-medical-group-compliance-standards/>

459.30 428.2
459.39 428.4

No! This practice is referred to as "upcoding." Upcoding is not an acceptable practice because USC could receive additional payment for services that were not documented by the physician. **Upcoding is a form of fraud.**

So what is Fraud and Abuse?

- Healthcare fraud is the intentional deception or misrepresentation of services to obtain money from a health care benefit program.
- Abuse can occur when we don't have sound fiscal, business or medical practices and this results in an unnecessary cost, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.
- Fraud and abuse affects government and private payers.

Top Ten Fraud and Abuse Areas

- 1. Billing for services not provided*
- 2. Billing for a non-covered service as a covered service*
- 3. Misrepresenting the dates of service*
- 4. Misrepresenting the place of service*
- 5. Misrepresenting the provider of service*
- 6. Waiving deductibles and copays*
- 7. Incorrect reporting of diagnosis or procedure (includes unbundling)*
- 8. Overutilization of services*
- 9. Kickbacks and bribery*
- 10. Prescribing unnecessary drugs*

Source: <http://www.fraud-magazine.com>

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Chapter 2 | Fraud and Abuse

Healthcare Fraud

A new physician begins seeing and treating patients in the medical group's office. The new physician is not credentialed with any of the medical group's insurance plans. The office manager asks the biller to submit the new physician's bills under the name of a physician who already has these credentials.



Is this an example of healthcare fraud?

Yes! This is an example of healthcare fraud. The bills misrepresent the provider as having rendered the service and are not supported by the documentation.

So what is Fraud and Abuse?

- Healthcare fraud is the intentional deception or misrepresentation of services to obtain money from a health care benefit program.
- Abuse can occur when we don't have sound fiscal, business or medical practices and this results in an unnecessary cost, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.
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- 9. Kickbacks and bribery*
- 10. Prescribing unnecessary drugs*

Source: <http://www.fraud-magazine.com>

“We are careful to distinguish between legal behavior on the one hand and ethical behavior on the other, knowing that, while the two overlap in many areas, they are at bottom quite distinct from one each other. While we follow legal requirements, we must never lose sight of ethical considerations.”

Code of Ethics of the University of Southern California

Exhibit 14

IOM Journal Meeting Minutes

6/27/2018

Old Items		
June 6, 2018	Put items on S drive	
	Stop saving chat logs (or disclose it in the very beginning)	
	Make sure you are filling out your billing sheets fully	
	Fill out all patient info in Cascade	
	For weekend call make sure you call when you first find out about the case	

New Items		
Keck	Medsurant for ENT cases	
	Stop saving chat logs	
	Changes vs no changes on the notes	
	Lab accreditation	
Keck and LAC	Cadwell Iomax	

Exhibit 15

IOM Journal Meeting Minutes

7/18/2018

New Items		Discussion
Present-		
Absent-		
Excused absence-		
	Stimulation	
Keck and LAC	New journal topics	
	Surgery volume	

Outstanding Items		Discussion
	Talk to Cadwell about issues with IOMAX	
	Lab accreditation	

Old Items	6/27/2018	Discussion
Present – Julie Blue, Aaron Kim, Chris Hansen, Pooja Parikh, Michael Vesely, Dr. Gonzalez, Dr. Shilian and Dr. Cheongsiatmoy. Absent– Nancy Nguyen, Mirian Mayorga, Jimmy Nguyen, Diego Bautista, Shane Barrios, and Carol Hong. Excused absence- Audra Goedemans, and Jon Chen.		
Keck	Medsurant for ENT cases	They are only called on special occasions
	Stop saving chat logs	No chat logs if you are going to save you need to start the case with a disclosure
	Changes vs no changes on the notes	Make sure you report it is constant with what happened during the case. If needed add a comment
	Lab accreditation	Create a check list
Keck and LAC	Cadwell Iomax	Get in contact with Cadwell and create a list of the issues

Exhibit 16

SURGICAL NEUROPHYSIOLOGY
BILLING SLIP

6/16/17

DATE: 6/15/17 PROCEDURE 62-5822-5829 post

DIAGNOSIS DDD

QTY	CDM #	DESCRIPTION	CPT#	QTY	CDM #	DESCRIPTION	CPT#
32	748-5940	OR MONITORING PER EVERY 15 MIN IN	95940		748-5830	ELECTROCORTICOGRAPHY	95829
	748-5938	SOMATOSENSORY EVP-UPPER / LOWER LIMB	95938		748-5822	EEG, ANEURYSM	95822
	748-5939	CENTRAL MOTORS EP - UPPERS / LOWER (TCeMEP)	95939		748-5871	VISUAL EVOKED POTENTIAL	95930
	748-5861	EMG 2 EXTREMITY	95861		748-5864	EMG 4 EXTREMITY	95864
	748-5937	NEUROMUSCULAR JUNCT TEST (TRAIN OF FOUR)	95937		748-5873	EMG CRANIAL BILATERAL	95868
	748-2587	AUDITORY EVOKED POTENTIAL	92585		748-5872	EMG CRANIAL UNILATERAL	95867
	748-6040	SOMATOSENSORY EVP-UPPER LIMB	95925		748-5926	CENTRAL MOTORS EP - UPPERS (TCeMEP)	95928
	748-6042	SOMATOSENSORY EVP-LOWER LIMB	95926		748-5929	CENTRAL MOTORS EP - LOWERS (TCeMEP)	95929
	748-5978	DEEP BRAIN STIMUL., 1ST	95978		748-5957	BRAIN MAPPING 1 ST HR	95961
	748-5979	DEEP BRAIN STIMUL., ADDTL 30 MIN'S	95979		748-5958	BRAIN MAPPING ADDTL HR	95962

MISCELLANEOUS CHARGES

QTY	CDM #	DESCRIPTION	CPT#	TOTAL CHARGES
	748-8999			\$
	748-8999			\$

REPORTING OF CRITICAL VALUES

CRITICAL CHANGES/ FINDINGS IDENTIFIED: _____

TIME CRITICAL CHANGES/ FINDINGS IDENTIFIED: _____

PHYSICIAN NOTIFIED: _____ TIME NOTIFIED: _____

READ BACK OBTAINED? _____ TIME OF READ BACK: _____

INTRAOPERATIVE MONITORING

TOTAL MONITORING HOURS: 1321-2115 TECH IN _____ TECH OUT _____

CONFIRMED BY 7-758 Surgery RN - Name Initials JN

Medicare

Keck Hospital of USC
1500 San Pablo Street
Los Angeles, CA 90033

PATIENT

ACCT#:

MRN: [REDACTED]
DOB: [REDACTED]
DOS: [REDACTED]
FIN: [REDACTED]


6/15/17

**SURGICAL NEUROPHYSIOLOGY
BILLING SLIP**

DATE: 6/15/17 PROCEDURE Spinal cord stimulator placement

DIAGNOSIS chronic back pain

QTY	CDM #	DESCRIPTION	CPT#	QTY	CDM #	DESCRIPTION	CPT#
	748-5940	OR MONITORING PER EVERY 15 MIN IN	95940		748-5830	ELECTROCORICOGRAPHY	95829
X	748-5938	SOMATOSENSORY EVP-UPPER / LOWER LIMB	95938		748-5822	EEG ANEURYSM	95822
X	748-5939	CENTRAL MOTORS EP-UPPERS / LOWER (TCeMEP)	95939		748-5871	VISUAL EVOKED POTENTIAL	95930
X	748-5861	EMG 2 EXTREMITY	95861		748-5864	EMG 4 EXTREMITY	95864
	748-5937	NEUROMUSCULAR JUNCT TEST (TRAIN OF FOUR)	95937		748-5873	EMG CRANIAL BILATERAL	95868
	748-2587	AUDITORY EVOKED POTENTIAL	92585		748-5872	EMG CRANIAL UNILATERAL	95867
	748-6040	SOMATOSENSORY EVP-UPPER LIMB	95925		748-5926	CENTRAL MOTORS EP - UPPERS (TCeMEP)	95928
	748-6042	SOMATOSENSORY EVP-LOWER LIMB	95926		748-5929	CENTRAL MOTORS EP - LOWERS (TCeMEP)	95929
	748-5978	DEEP BRAIN STIMUL., 1ST	95978		748-5957	BRAIN MAPPING 1 ST HR	95961
	748-5979	DEEP BRAIN STIMUL., ADDTL 30 MIN'S	95979		748-5958	BRAIN MAPPING ADDTL HR	95962

MISCELLANEOUS CHARGES

QTY	CDM #	DESCRIPTION	CPT#	TOTAL CHARGES
	748-8999			\$
	748-8999			\$

REPORTING OF CRITICAL VALUES

CRITICAL CHANGES/ FINDINGS IDENTIFIED: 12:20 PM side TA & foot MEPs dropped
 TIME CRITICAL CHANGES/ FINDINGS IDENTIFIED: in amplitude changes were transient
 PHYSICIAN NOTIFIED: _____ TIME NOTIFIED: _____
 READ BACK OBTAINED? _____ TIME OF READ BACK: _____

INTRAOPERATIVE MONITORING

TOTAL MONITORING HOURS: 10:45 - 13 TECH IN 10:00 TECH OUT _____
 CONFIRMED BY 2.25 _____ MM _____
 Surgery RN - Name Initials

Keck Hospital of USC
 1500 San Pablo Street
 Los Angeles, CA 90033

PATIENT: _____
 ACCT#: _____

MRN: [REDACTED]
 DOB: [REDACTED]
 DOS: [REDACTED]
 FIN: [REDACTED]

Exhibit 17

USC Care Medical Group
1510 San Pablo Street 8th Floor, Los Angeles, CA 90033

SURGICAL NEUROPHYSIOLOGY

DOB: [REDACTED]
DOS: [REDACTED]
FIN: [REDACTED]

Medicare
LS TECH [REDACTED]
DATE OF PROCEDURE: 10/10/2017
START TIME: 8:48
END TIME: 17:56

9h. 8min (9.13)

LOCATION:
IP-UH: [REDACTED]
OP-UH: [REDACTED]

PROVIDER:
Gonzalez, Andres
Shilian, Paraslow
Cheongstalmoy, Justin
Jeyanandaran, Dhiraaj
Tran, Anh Thu

REFERRING PHYSICIAN:
Giannotta, Steven
Chen, Thomas
Hsieh, Patrick
Liz, John
Zada, Gabriel
Acosta, Frank
Liz, Charles
Russin, Jon
Liker, Mark
Wang, Jeffrey
Hah, Raymond
Spoonamore, Mark
Mouradian, William
Mack, William
Amar, Arun
Tenser, Matt
Friedman, Rick
Macef, Dennis
Sinha, Udam
Pepper J P
Markarian, Alex
Kokot, Nels
Karl, Elina
Bulic, Sebina

INTRAOPERATIVE TESTING BA=3008
min Standby before IONM 99360 26
x 15 min Continuous IONM (personal) 95940
x 1 hr Continuous IONM (remote/nearby) 95941

MEDICARE CODES
x 30 min Standby before IONM 99360 26
x 15 min Continuous IONM (personal) 95940
x 15 min Continuous IONM (remote/nearby) G0453 (1:1)

BRAIN MAPPING
First hour: Intraoperative cortical mapping (for DBS) 95961 26
Subsequent hrs: Intraop mapping (for DBS) 95962 26

DBS PROGRAMMING
First hour: Complex DBS programming 95978 26
Subsequent hours: Complex DBS programming 95979 26

EEG INTRAOPERATIVE
EEG, coma or sleep 95822 26

ELECTROCORTICOGRAPHY
ECog 95829 26

ELECTROMYOGRAPHY -- additional CPT code needed
SSEP, upper and lower limbs *NEW # 95938 26
TcMEP upper and lower limbs *NEW # 95939 26
SSEP, upper limbs # 95925 26
SSEP, lower limbs # 95926 26
TcMEP upper limbs 95928 26
TcMEP lower limbs 95929 26
Auditory evoked potential 92585 26
Visual Evoked potential 95930 26

ICD-10 DIAGNOSIS
SPINE (++) good for EMO)
SPONDYLOSIS, other
***Cervical ++ # M47.12
***Thoracic ++ # M47.14
***Lumbar ++ # M47.16
ROOT DISORDERS, other
***Cervical Root ++ # G54.2
***Thoracic Root ++ # G54.3
***Lumbosacral Root ++ # G54.4
Abnormal Electromyogram ++ # R94.131
Thoracoab Aneurysm, Rupt # I71.5
Thoracoab Aneurysm, nonrupt # I72.6
Cauda Equina Syndrome ++ # Q83.4
Sciatic Nerve Lesion, RLE ++ # G57.01
Sciatic Nerve Lesion, LLE ++ # G57.02
Nerve root and plexus, other ++ # G54.8
Cord Compression, other ++ # G95.29
IntraSPinal abscess and granuloma # G06.1
Spinal Cord, other specified ++ # G95.89
Transient Paralysis (TOF) ++ # R29.5

BRAIN (if good for SEP, MEPs)
Cerebral aneurysm, nonruptured # I67.1
Nontraumatic SAH # I60.8
Moya Moya # G45.8
Other Cerebral Infarction # I63.8
Occlusion of other Cerebral arteries # I66.8
Trigeminal neuralgia ++ # G50.0
Facial Pain, Atyp ++ # G50.1
Hemifacial spasm ++ # G51.3
Cranial Nerve disorders, other dx ++ # G53
Spasmodic Torticollis ++ G24.3
Extrapyramidal and movement disorder ++ G25.89
ENT
Facial Nerve disorders, other ++ # G51.8
Disorder of Vagus Nerve ++ # G52.2
Other specified Cranial Nerves ++ # G52.8
Disorders of Glossopharyngeal nerve ++ # G52.1
Disorders of hypoglossal nerve ++ # G52.3
Other Disorders of trigeminal Nerve ++ # G50.8
Neurofibromatosis, NF1 ++ # Q85.01
Neurofibromatosis, NF1 ++ # Q85.02
Schwannomatosis ++ # Q85.03
Bell's Palsy ++ # G51.0

NEOPLASM
MALIGNANT
***Spinal Meninges ++ # C70.1
***Spinal Cord ++ # C72.0
***Cauda Equina ++ # C72.1
***Metas to Brain ++ # C79.31
***Metas cerebral meninges ++ # C79.32
***Metas, other nerv sys ++ # C79.49
***Vertebral Column # C41.2
BENIGN
***Spinal Meninges ++ # D32.1
***Cranial Nerves (A. Neuroma) ++ # D33.3
***Spinal Cord ++ # D33.7
***Brain, supratentorial # D33.0
***Brain, infratentorial # D33.1
***Other CNS ++ # D33.7
NEO OF UNCERTAIN BEHAV
***Brain, supratentorial # D43.0
***Brain, infratentorial # D43.1
***Cranial Nerves # D43.3
***Spinal Cord # D43.4
***Other CNS # D43.8
***Cerebral Meninges # D42.0
***Spinal Meninges # D42.1

PROVIDER SIGNATURE
Signature

Exhibit 18

Metrics for June 2018

Keck

June 2018

Number of cases	99
Cases that start after 14:30	17
Cases that last after 14:30	57
Cases that start after 15:30	12
Cases that last after 15:30	47
Average case time	4.08
Cases done by techs	86
Cases done by vendors (including modern/ no modern)	13/2

June 2017

Number of cases	102
Cases that start after 14:30	11
Cases that last after 14:30	46
Cases that start after 15:30	9
Cases that last after 15:30	36
Average case time	3.88
Cases done by techs	90
Cases done by vendors (including modern/ no modern)	12/6

LAC

June 2018

Number of cases	47 – 5 without timing
Cases that start after 14:30	3
Cases that last after 14:30	20
Cases that start after 15:30	2
Cases that last after 15:30	13
Average case time	3.36
Cases done by techs	42
Cases done by vendors	5

June 2017

Number of cases	53 – 3 without timing
Cases that start after 14:30	5
Cases that last after 14:30	21
Cases that start after 15:30	2
Cases that last after 15:30	19
Average case time	3.91
Cases done by techs	50
Cases done by vendors	3

Exhibit 19

Events	
ty	Text
	Stored Impedance
um	bite block
um	baseline before flip
um	uppers and lowers ssep baseline presents
	Stored Impedance
um	prone position'
um	bilateral hands mep small responses, bilateral TA and foot responses only
um	bilateral uppers and lowers ssep baseline presents
um	reposition pt head/neck
um	MEP's stable
	EMG - Stored EMG 0/0mA
	EMG - Stored EMG 0/0mA
	EMG - Stored EMG 0/0mA
	EMG - Stored EMG 0/0mA
um	time out
um High	Begin Incision
um	Cautery
um	exposure
um	decompression
um	0 arm
um	neuroresidente was informed about left Meps decreased in amplitude,/ wating to hear from the neurologiest
	Stored Impedance
um	navigating
um	MEP's per surg.no change from baseline
	Stored Impedance

Events		
Time	Priority	Text
11:06:34 AM	Medium	decompression
11:31:17 AM	Medium	0 arm
12:05:40 PM	Medium	neuroresidente was informed about left Meps decreased in amplitude,/ wating to hear
12:07:29 PM		Stored Impedance
12:09:19 PM	Medium	navigating
12:22:24 PM	Medium	MEP's per surg.no change from baseline
12:32:43 PM		Stored Impedance
12:33:39 PM		Stored Impedance
12:35:21 PM	Medium	disectomy
12:37:39 PM	Medium	c-arm
12:42:55 PM		Stored Impedance
12:43:28 PM		Stored Impedance
12:43:58 PM	Medium	navigating
12:46:55 PM	Medium	drilling cervical screws
12:54:03 PM		Stored Impedance
12:57:21 PM		Stored Impedance
13:02:04 PM	Medium	disectomy cont.
13:09:17 PM	Medium	start placing pedicle screws
13:42:18 PM	Medium	MEP's per surg.no change from baseline
14:03:10 PM	Medium	cont placing pedicle screws
14:22:15 PM	Medium	in taking over
14:34:11 PM	Medium	MEP's per surg.no change from baseline
14:37:27 PM		Stored Impedance
14:38:30 PM	Medium	reported emg activity from left bicep
14:47:48 PM	Medium	o-arm

Events				
Time	Priority	Text		
14:38:30 PM	Medium	reported emg activity from left bicep		
14:47:48 PM	Medium	o-arm		
15:01:40 PM		Stored Impedance		
15:04:39 PM		Stored Impedance		
15:06:47 PM	Medium	informed surgeon of bilateral hand meps reduction		
15:07:24 PM		Stored Impedance		
15:07:38 PM	Medium	map 124		
15:10:12 PM	Medium	hr 106, bp 141/83(108), tcore 36.5		
15:14:34 PM	Medium	placing screws		
15:15:39 PM	Medium	MEP's per surg.no change from baseline		
15:15:57 PM	Medium	informed surgeon of variability in mep responses; surgeon acknowledged		
15:20:42 PM		Stored Impedance		
15:39:32 PM	Medium	screws cont.		
15:46:51 PM	Medium	cutting rods		
15:47:14 PM	Medium	MEP's per surg.no change from baseline		
15:55:54 PM	Medium	placing drain		
15:59:25 PM	Medium	placing bone graft		
16:00:11 PM	Medium	MEP's per surg.no change from baseline		
16:01:37 PM		Stored Impedance		
16:06:40 PM	High	Closing		
16:35:29 PM		Stored Impedance		
16:41:55 PM		Stored Impedance		
16:59:01 PM	Medium	informed surgeon of bilateral hand mep reductions		
16:59:30 PM	Medium	final sseps stable		
17:00:28 PM	Medium	end monitoring		

Go To
Edit
Print
Delete
Undo All
Show History
Go To Time
Close

Task Edit View Patient Chart Links Notifications Navigation Help

Home Message Center Patient List Schedule Viewer Physician Handoff Discharge Dashboard KeckCare Assist Case Selection Clinical Management Reports Quality Measures My Experience Lexicomp

Tear Off Suspend Charges Edit Calculator Explorer Menu Add-Hoc Medication Administration PM Conversation Depart Communicate Patient Education Direct Address Book

LocUSC-7N: 7207; A Age: 50 years Sex: Male ** No Known Allergies ** MRN: Fin#

Inpatient [Admit Dt: 8/13/2017 13:28:00 PDT Disch Dt: 8/18/2017 11:00:00 PDT] Attending: GML05 | DRG: 6.3 day(s) | 471 - CER_Blood Trans Acceptable to PT? Yes

Menu - All Ambulatory Views

Neurology Pro... Ambulatory W... Ambulatory Su... Discharge Sum... Ambulatory Qu... Anes. Acute Pa...

Inpatient Discharge Meds as Rx All

Selected visit

CHARGE 95861 Needle EMG, 2 extremity Completed 09/26/17 13:13
CHARGE G0453 Cont IONM out OR, 1:1/15 min Completed 09/26/17 13:13
CHARGE 95939 TcMEP, upper and lower limbs Completed 09/26/17 13:13
CHARGE 95937 Neuromusc Junc tst, 1mth/nrv Completed 09/26/17 13:13
CHARGE 95938 Short-lat SSEP, up&low limbs Completed 09/26/17 13:13
CHARGE 99232 Sbq IP Care-Mod (25 min) Completed 08/27/17 22:56
CHARGE 99291 Critical care 1st 30-74 min Completed 08/27/17 22:55
CHARGE 99232 Sbq IP Care-Mod (25 min) Completed 08/17/17 10:24
CHARGE 99223 Init IP Completed 08/16/17

Subsequent Hospital Care
Inpatient Consultation
Prolonged Services Direct Contact
Inpatient Discharge Service
Critical Care Visits

Order: CHARGE G0453 Cont IONM out OR, 1:1/15 min.
Order Details: Closed fracture of cervical spine with spinal cord lesion,
of Tests: 33, Date of Service 08/15/17
Order Comments:
Order Date/Time: 09/26/2017 13:13
Start Date/Time: 09/26/2017 13:13
Status: Completed
Ordered by: SHILLIAN DO, PARASTOU

CHARGE 92583 EVK poten/resp audio, compn 25
Professional Component
Electrocorticogram/Intraoperative Monitoring
CHARGE 95829 Electrocorticogram at surg 26
Professional Component
CHARGE 95940 Cont IONM in OR, 1:1/ea 15min
CHARGE 95941 Cont IONM out OR, grp/hr
IONM out OR, 1:1/15 min
cont/subcor map/1st hr 26
a/subcorti map, adl hr 26
y svc, prol atnd/30min
nited Neurostimulator
te neurostim no prog
te neurostim simple
CHARGE 95974 Anlyz, cmpx cm nrv/prg 1hr
CHARGE 95975 Anlyz neuro, cmpx cran nrv/adtl 30min
CHARGE 95978 Anlyz neurostim brain; prg 1hr
CHARGE 95979 Anlyz neuro, cmpx cran nrv/adtl 30min

Task Edit View Patient Chart Links Notifications Navigation Help

Home Message Center Patient List Schedule Viewer Physician Handoff Discharge Dashboard KeckCare Assist Case Selection Clinical Management Reports Quality Measures My Experience Lexicomp

Tear Off Suspend Charges Exit Calculator Explorer Menu AdHoc Medication Administration PM Conversation Depart Communicate Patient Education Direct Address Book

Age: 50 years Sex: Male MyUSC Chart: No Not Interested - [11/16/... ** No Known Allergies ** MRN: [REDACTED]
 DOB: 12/26/1967 Fin#: [REDACTED]
 Inpatient [Admit Dt: 8/13/2017 13:28:00 PDT Disch Dt: 8/18/2017 11:00:00 PDT] Attending: GMLOS | DRG: 6.3 day(s) | 471 - CER...Blood Trans Acceptable to Pt? Yes

Menu - All Ambulatory Views

Neurology Pro... Ambulatory W... Ambulatory Su... Discharge Sum... Ambulatory Qu... Anes. Acute Pa... Discharged

Inpatient Discharge Meds as Rx All

Selected visit

Charge	Description	Status	Ordered
CHARGE 95861 Needle EMG, 2 extremity		Completed	09/26/17 13:13
CHARGE G0453 Cont IONM out OR, 1:1/15 min		Completed	09/26/17 13:13
CHARGE 95939 TcMEP, upper and lower limbs		Completed	09/26/17 13:13
CHARGE 95937 Neuromusc junc tst, 1mth/nrv		Completed	09/26/17 13:13
CHARGE 95938 Short-lat SSEP, up&low limbs		Completed	09/26/17 13:13
CHARGE 99232 Sbq IP Care-Mod (25 min)		Completed	08/27/17 22:56
CHARGE 99291 Critical care 1st 30-74 min		Completed	08/27/17 22:55
CHARGE 99232 Sbq IP Care-Mod (25 min)		Completed	08/17/17 10:24
CHARGE 99223 Init IP		Completed	08/16/17

Order: CHARGE 95861 Needle EMG, 2 extremity
 Order Details: 26 Professional Component, Closed fracture of cervical spine with spinal cord lesion, Date of Service: 08/15/17
 Order Comments:
 Order Date/Time: 09/26/2017 13:13
 Start Date/Time: 09/26/2017 13:13
 Status: Completed
 Ordered by: SHILIAN DO, PARASTOU

CHARGE 92585 Evk poten/resp audio, compn 26
 Professional Component
 CHARGE 95829 Electrocardiogram/intraoperative Monitoring
 CHARGE 95829 Electrocardiogram at surg 26

IONM in OR, 1:1/ea 15min
 IONM out OR, 1:1/15 min
 cort/subcor map/1st hr 26
 ca/subcorti map, adl hr 26
 by svc, prol atnd/30min
 anted Neurostimulator

CHARGE 95970 Analyze neurostim no prog
 CHARGE 95971 Analyze neurostim simple
 CHARGE 95974 Anlyz, cmpx cm nrv/rprg 1hr
 CHARGE 95975 Anlyz neuro, cmpx cran nrv/adl 30min
 CHARGE 95978 Anlyz neurostim brain; prg, 1hr
 CHARGE 95979 Anlyz neuro, cmpx cran nrv/adl 30min

Task Edit View Patient Chart Links Notifications Navigation Help

Home Message Center Patient List Schedule Viewer Physician Handoff Discharge Dashboard KeckCare Assist Case Selection Clinical Management Reports Quality Measures My Experience Lexicomp

Tear Off Suspend Charges Exit Calculator Explorer Menu AdHoc Medication Administration PM Conversation Depart Communicate Patient Education Direct Address Book

Age: 50 years Sex: Male MyUSC Chart: No Not Interested - [11/16/... ** No Known Allergies ** MRN: [REDACTED]
 DOB: [REDACTED] Fin#: [REDACTED]
 Inpatient [Admit Dt: 8/13/2017 13:28:00 PDT Disch Dt: 8/18/2017 11:00:00 PDT] Attending: GMLOS | DRG: 6.3 day(s) | 471 - CER...Blood Trans Acceptable to Pt? Yes

Menu - All Ambulatory Views

Neurology Pro... Ambulatory W... Ambulatory Su... Discharge Sum... Ambulatory Qu... Anes. Acute Pa... Discharged

Inpatient Discharge Meds as Rx All

Selected visit

Charge	Description	Status	Ordered
CHARGE 95861 Needle EMG, 2 extremity		Completed	09/26/17 13:13
CHARGE G0453 Cont IONM out OR, 1:1/15 min		Completed	09/26/17 13:13
CHARGE 95939 TcMEP, upper and lower limbs		Completed	09/26/17 13:13
CHARGE 95937 Neuromusc junc tst, 1mth/nrv		Completed	09/26/17 13:13
CHARGE 95938 Short-lat SSEP, up&low limbs		Completed	09/26/17 13:13
CHARGE 99232 Sbq IP Care-Mod (25 min)		Completed	08/27/17 22:56
CHARGE 99291 Critical care 1st 30-74 min		Completed	08/27/17 22:55
CHARGE 99232 Sbq IP Care-Mod (25 min)		Completed	08/17/17 10:24
CHARGE 99223 Init IP		Completed	08/16/17

Order: CHARGE 95939 TcMEP, upper and lower limbs
 Order Details: 26 Professional Component, Closed fracture of cervical spine with spinal cord lesion, Date of Service: 08/15/17
 Order Comments:
 Order Date/Time: 09/26/2017 13:13
 Start Date/Time: 09/26/2017 13:13
 Status: Completed
 Ordered by: SHILIAN DO, PARASTOU

CHARGE 92585 Evk poten/resp audio, compn 26
 Professional Component
 CHARGE 95829 Electrocardiogram/intraoperative Monitoring
 CHARGE 95829 Electrocardiogram at surg 26

CHARGE 95940 Cont IONM in OR, 1:1/ea 15min
 CHARGE 95941 Contin IONM out OR, 1:1/ea 15min
 CHARGE G0453 Cont IONM out OR, 1:1/15 min
 CHARGE 95961 Func cort/subcor map/1st hr 26
 /subcorti map, adl hr 26
 svc, prol atnd/30min
 ted Neurostimulator
 neurostim no prog
 neurostim simple
 cmpx cm nrv/rprg 1hr
 neuro, cmpx cran nrv/adl

CHARGE 95978 Anlyz neurostim brain; prg, 1hr
 CHARGE 95979 Anlyz neuro, cmpx cran nrv/adl 30min

Task Edit View Patient Chart Links Notifications Navigation Help

Home Message Center Patient List Schedule Viewer Physician Handoff Discharge Dashboard KeckCare Assist Case Selection Clinical Management Reports Quality Measures My Experience Lexicomp

Tear Off Suspend Charges Exit Calculator Explorer Menu AdHoc Medication Administration PM Conversation Depart Communicate Patient Education Direct Address Book

Age: 50 years Sex: [REDACTED] ** No Known Allergies ** MRN: [REDACTED]
 DOB: [REDACTED] MyUSC Chart: No Not Interested - [11/16/...]
 Inpatient (Admit Dt: 8/13/2017 13:28:00 PDT Disch Dt: 8/18/2017 11:00:00 PDT) Attending: GMLOS | DRG: 6.3 day(s) | 471 - CER... Blood Trans Acceptable to Pt? Yes Fin# [REDACTED]

Menu - All Ambulatory Views

Ambulatory Views Inpatient Views Provider View Operative Summaries Physician Handoff SBAR Demographics Results Review View/I and O Allergies + Add Orders + Add Medication List + Add Reports/Documents + Add Physician Documenta... + Add Pending Studies MAR Summary eMAR Form Browser Histories

Neurology Pro... X Ambulatory W... X Ambulatory Su... X Discharge Sum... X Ambulatory Qu... X Anes. Acute Pa... X

Inpatient Discharge Meds as Rx All

Selected visit

Charge	Description	Status	Ordered
CHARGE 95861	Needle EMG, 2 extremity	Completed	09/26/17 13:13
CHARGE G0453	Cont IONM out OR, 1:1/15 min	Completed	09/26/17 13:13
CHARGE 95939	TcMEP, upper and lower limbs	Completed	09/26/17 13:13
CHARGE 95937	Neuromusc junc tst, 1mth/nrv	Completed	09/26/17 13:13
CHARGE 95938	Short-lat SSEP, up&low limbs	Completed	09/26/17 13:13
CHARGE 99232	Sbq IP Care-Mod (25 min)	Completed	08/27/17 22:56
CHARGE 99291	Critical care 1st 30-74 min	Completed	08/27/17 22:55
CHARGE 99232	Sbq IP Care-Mod (25 min)	Completed	08/17/17 10:24
CHARGE 99223	Init IP	Completed	08/16/17

Order: CHARGE 95937 Neuromusc junc tst, 1mth/nrv
 Order Details: 26 Professional Component, Closed fracture of cervical spine with spinal cord lesion, Date of Service: 08/15/17
 Order Comments:
 Order Date/Time: 09/26/2017 13:13
 Start Date/Time: 09/26/2017 13:13
 Status: Completed
 Ordered by: SHILIAN DO, PARASTOU

Telemedicine

- Outpatient/Office - New Patient
- Outpatient/Office - Established Patient
- Cognitive Capability Assessments

Professional Component

- CHARGE 95962 Cortica/subcorti map, adl hr 26
- Standby Services
- CHARGE 99360 Stndby svc, prol atnd/30min
- Evaluation of Implanted Neurostimulator
- CHARGE 95970 Analyze neurostim no prog
- CHARGE 95971 Analyze neurostim simple
- CHARGE 95974 Anlyz, cmpr crn nrv; prg 1hr
- CHARGE 95975 Anlyz neuro, cmpr cran nrv/adl 30min
- CHARGE 95978 Anlyz neurostim brain; prg, 1hr

Task Edit View Patient Chart Links Notifications Navigation Help

Home Message Center Patient List Schedule Viewer Physician Handoff Discharge Dashboard KeckCare Assist Case Selection Clinical Management Reports Quality Measures My Experience Lexicomp

Tear Off Suspend Charges Exit Calculator Explorer Menu AdHoc Medication Administration PM Conversation Depart Communicate Patient Education Direct Address Book

Age: 50 years Sex: Male ** No Known Allergies ** MRN: [REDACTED]
 DOB: 12/26/1967 MyUSC Chart: No Not Interested - [11/16/...]
 Inpatient (Admit Dt: 8/13/2017 13:28:00 PDT Disch Dt: 8/18/2017 11:00:00 PDT) Attending: GMLOS | DRG: 6.3 day(s) | 471 - CER... Blood Trans Acceptable to Pt? Yes Fin# [REDACTED]

Menu - All Ambulatory Views

Ambulatory Views Inpatient Views Provider View Operative Summaries Physician Handoff SBAR Demographics Results Review View/I and O Allergies + Add Orders + Add Medication List + Add Reports/Documents + Add Physician Documenta... + Add Pending Studies MAR Summary eMAR Form Browser Histories

Neurology Pro... X Ambulatory W... X Ambulatory Su... X Discharge Sum... X Ambulatory Qu... X Anes. Acute Pa... X

Inpatient Discharge Meds as Rx All

Selected visit

Charge	Description	Status	Ordered
CHARGE 95861	Needle EMG, 2 extremity	Completed	09/26/17 13:13
CHARGE G0453	Cont IONM out OR, 1:1/15 min	Completed	09/26/17 13:13
CHARGE 95939	TcMEP, upper and lower limbs	Completed	09/26/17 13:13
CHARGE 95937	Neuromusc junc tst, 1mth/nrv	Completed	09/26/17 13:13
CHARGE 95938	Short-lat SSEP, up&low limbs	Completed	09/26/17 13:13
CHARGE 99232	Sbq IP Care-Mod (25 min)	Completed	08/27/17 22:56
CHARGE 99291	Critical care 1st 30-74 min	Completed	08/27/17 22:55
CHARGE 99232	Sbq IP Care-Mod (25 min)	Completed	08/17/17 10:24
CHARGE 99223	Init IP	Completed	08/16/17

Order: CHARGE 95938 Short-lat SSEP, up&low limbs
 Order Details: 26 Professional Component, Closed fracture of cervical spine with spinal cord lesion, Date of Service: 08/15/17
 Order Comments:
 Order Date/Time: 09/26/2017 13:13
 Start Date/Time: 09/26/2017 13:13
 Status: Completed
 Ordered by: SHILIAN DO, PARASTOU

Subsequent Hospital Care

- Cognitive Capability Assessments

Professional Component

- CHARGE 92585 Evk poten/resp audio, comph 26
- CHARGE 99360 Stndby svc, prol atnd/30min
- Evaluation of Implanted Neurostimulator
- CHARGE 95970 Analyze neurostim no prog
- CHARGE 95971 Analyze neurostim simple
- CHARGE 95974 Anlyz, cmpr crn nrv; prg 1hr
- CHARGE 95975 Anlyz neuro, cmpr cran nrv/adl 30min
- CHARGE 95978 Anlyz neurostim brain; prg, 1hr

Neurology IP Progress Note
* Final Report *

Document Type: Neurology IP Progress Note
*Date - Date of Service: August 15, 2017 16:09 PDT
Document Status: Auth (Verified)
Document Title: NEURO Surgical Neurophysiology USC
Author: SHILIAN DO, PARASTOU on August 15, 2017 17:01 PDT
Authenticated By: SHILIAN DO, PARASTOU on September 26, 2017 13:13 PDT
Encounter info: [REDACTED], KH-USC, Inpatient, 08/13/2017 - 08/18/2017

*** Final Report ***

NEURO Surgical Neurophysiology USC

Patient: [REDACTED] MRN: [REDACTED] FIN: [REDACTED]
Age: 49 years Sex: [REDACTED] DOB: [REDACTED]
Associated Diagnoses: None
Author: SHILIAN DO, PARASTOU

General Information

Date of study: 8/15/2017.
Referring Physician: LIU MD, JOHN C.

History of Present Illness

The patient presents with cervical spine instability.

Procedure

Monitoring Modalities

Evoked Potentials: somatosensory evoked potentials, upper and lower limbs (95938), transcranial motor evoked potential, upper and lower limbs (95939).
Electromyography: free run EMG (95861).

Results Review

During the Occiput-C5 PSF; C1 laminectomy, the aforementioned modalities were continuously monitored and the surgeon was informed of the baseline(s) listed below.

Somatosensory evoked potentials: bilateral upper extremities adequate, bilateral lower extremities adequate.

Motor evoked potentials: bilateral upper extremities adequate, bilateral lower extremities adequate.

During the procedure, changes were seen in the: motor evoked potentials bilateral upper extremities.

Free running EMG recording was provided. The OR physicians were promptly made aware of any spontaneous discharges suggesting irritation of any of the relevant nerves.

8 hours were spent monitoring.

The surgeons were kept informed of the monitoring status and any significant changes.

Impression and Plan

During the procedure, changes were seen in the bilateral upper extremity MEP that were persistent.

Comments

Changes seen in the bilateral upper extremity MEP during the procedure suggest that an interruption of this pathway occurred.

Signature Line

[REDACTED]

Neurology IP Progress Note
* Final Report *



JONATHAN CHEN

Electronically Signed On 08/15/17 05:01 PM PDT

Jimmy Nguyen

Electronically Signed On 09/28/17 01:13 PM PDT

PARASTOU SHILIAN, DO

ANDRES GONZALEZ, MD

Modified by JONATHAN CHEN On 08/24/17 04:35 PM PDT

Modified by PARASTOU SHILIAN, DO On 09/26/2017 01:13 PM PDT



Operative Report
* Final Report *

Document Type: Operative Report
*Date - Date of Service: August 15, 2017 00:00 PDT
Document Status: Auth (Verified)
Document Title: Operative/Procedure
Author: LIU MD, JOHN C on August 18, 2017 13:54 PDT
Authenticated By: LIU MD, JOHN C on August 21, 2017 08:01 PDT
Encounter info: [REDACTED] KH-USC, Inpatient, 08/13/2017 - 08/18/2017

*** Final Report ***

Operative/Procedure

DATE OF SERVICE: 08/15/2017

Patient Name: [REDACTED]
Medical Record #: [REDACTED]
Date of Birth: 12/26/1967

SURGEON: John Liu, MD

ASSISTANT: Frank Acosta, MD; Dan Donoho, MD

PREOPERATIVE DIAGNOSIS:

1. Occipital C1-C2 instability.
2. C1-C2 stenosis with spinal cord compression.

POSTOPERATIVE DIAGNOSIS:

1. Occipital C1-C2 instability.
2. C1-C2 stenosis with spinal cord compression.

OPERATIVE PROCEDURE:

1. Occipital fusion with Medtronic cervical instrumentation.
2. Posterior fusion with BMP/Mastergraft, occiput, C1, C2, C3, C4, C5.
3. Intraoperative stereotactic navigation.

INDICATIONS FOR PROCEDURE: The patient is a 49-year-old with history of Down syndrome, transferred to Keck with increasing quadriparesis after sustaining a fall in May 2017. Previously to that, the patient was walking and had progressive neurological decline. MRI demonstrated what appears to be a C1-C2 instability with evidence of possible occipitocervical instability due to his history of Down syndrome. Severe stenosis with cord changes were noted on the MRI. ADI of approximately 7-8 mm were identified.

Given his worsening symptoms, primary decompression and stabilization was felt to be the best option. Consideration for

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a C1-C2 alone versus occiput to cervical fusion were considered. The final decision will be made intraoperatively.

PROCEDURE: The patient was brought to the operating room. He was placed under anesthesia. Endotracheal tube was passed. He was placed on a Mayfield head holder and turned to the prone position. All pressure points were secured. At this point, the occipitocervical region was prepped and draped and the skin incision was opened. Subperiosteal dissection was carried out to expose the suboccipital region, C1-C2, lateral mass of C3, C4 and C5. The patient with a very stature, very small anatomy was noted. With the exposure in place, O-arm acquisition and images were then acquired, using stereotactic navigation to the initially plan to place C1 and C2 screws. However, immediately it was noted that the stereotactic navigation was not reliable given the tremendous amount of motion that is located in this region. Bilateral C2 nerves were then sacrificed so as to gain access to the joint of C1-C2. This was arthrodesed and a small piece of BMP was packed within the C1-C2 joint itself. We also, before starting the surgery, will also try the position the neck, the cervical spine, in a way as to reduce the C1-C2 subluxation. However, regardless of what position we placed, the C1-C2 did not reduce. This necessitated a wide laminectomy at C1, and it was felt that given the patient's anatomy, the most stable construct would be inclusive of an occipital to cervical fusion. With this in mind, using C-arm fluoroscopy guidance, the C1 bilateral screws were placed under direct visualization, slightly above the facet joints and using the lateral what is approximately 10-15 degrees medial angled and guided by the C-arm fluoroscopy, 2 separate C1 screws were placed with bicortical purchase. We attempted to place the right C2 pars screw, but it broke out superficially and no additional C2 screw was able to be placed on the right side. Attempted a trial of a pedicle, lamina, all was felt to be not able to be placed in appropriate sized screw. Given the small anatomy, stereotactic navigation was felt to be the most accurate way to place additional screws at this time. With a spinous process clamp placed at C2, we then re-spun the O-arm, and using primary stereotactic navigation, was able to guide a C2 pedicle screw on the left side, as well as bilateral C3 lateral mass screws, a right C4 lateral mass, left C4 was left out, and bilateral C5 lateral mass screws. With all screws in position, an occipital plate was also placed and secured with 4 additional screws in the suboccipital region, two of which were then along the midline, where there was ample purchase of the cortical bone. With all the hardware in place, we then proceeded to perform a wide laminectomy at C1 and, removing the ligamentum flavum and completely decompressing the lamina at this point. With the lamina removed, we were able to manipulate the facet joints, and using a reduction technique, be able to pull the C1 body backwards and allow a further reduction of between C1 and C2 to occur. Final tightening and break-offs of the screws that extended from the occiput down to C5 was done. Copious amount of

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irrigation was used. Decortication along this entire region, including the occipital region, what is left of C1, C2, C3, C4 and C5, packed with BMP, wrapped with Mastergraft and additional Mastergraft material along this entire region, was performed. Copious amounts of irrigation was used. Vancomycin powder was placed subfascially. A subfascial drain was placed and taken out through a separate stab incision. #1 PDS followed by interrupted subarticular 2-0 and staples were placed on the skin. The patient was then turned to the supine position and awoken from anesthesia in stable condition. All sponge and needle counts were correct at the end of case.

JL/tm

D: 08/18/2017 1:54:28 PM PST

T: 08/18/2017 2:11:46 PM PST

J#: 154901440

Signature Line

Electronically Signed On 08/21/17 08:01 AM PDT

JOHN LIU, MD

Exhibit 20

Neurology IP Progress Note

* Final Report *

Document Type: Neurology IP Progress Note
*Date - Date of Service: April 03, 2017 19:04 PDT
Document Status: Auth (Verified)
Document Title: NEURO Surgical Neurophysiology USC
Author: MAYORGA, MIRIAN on April 03, 2017 19:11 PDT
Authenticated By: SHILIAN DO, PARASTOU on April 05, 2017 14:36 PDT
Encounter info: [REDACTED] KH-USC, Inpatient, 04/03/2017 - 04/13/2017

*** Final Report ***

NEURO Surgical Neurophysiology USC

Patient: [REDACTED] MRN: [REDACTED] FIN: [REDACTED]
Age: [REDACTED] Sex: [REDACTED] DOB: [REDACTED]
Associated Diagnoses: None
Author: MAYORGA, MIRIAN

General Information

Date of study: 4/3/2017.
Referring Physician: HSIEH MD, PATRICK.

History of Present Illness

right brachial plexus and neck neurofibroma

Procedure

Monitoring Modalities

Evoked Potentials: somatosensory evoked potentials, upper and lower limbs (95938), transcranial motor evoked potential, upper and lower limbs (95939).
Electromyography: train of four (95937), free run EMG (95861).

Results Review

During the right neck dissection thoracotomy, right neck mass resection, the aforementioned modalities were continuously monitored and the surgeon was informed of the baseline(s) listed below.

Somatosensory evoked potentials: bilateral upper extremities adequate, bilateral lower extremities adequate.

Motor evoked potentials: bilateral upper extremities adequate, bilateral lower extremities adequate.

During the procedure, potentials remained stable and no adverse electrodiagnostic events were encountered during.

Free running EMG recording was provided. The OR physicians were promptly made aware of any spontaneous discharges suggesting irritation of any of the relevant nerves.

12.05 hours were spent monitoring.

The surgeons were kept informed of the monitoring status and any significant changes.

Impression and Plan

No evidence of intraoperative spinal cord impairment was seen.

Comments

Bilateral biceps, triceps, deltoid meps absent.

Signature Line

Electronically Signed On 04/03/17 07:11 PM PDT

[REDACTED]

Neurology IP Progress Note
* Final Report *



MIRIAN MAYORGA

Electronically Signed On 04/05/17 02:36 PM PDT

PARASTOU SHILIAN, DO

Modified by PARASTOU SHILIAN, DO On 04/05/17 02:36 PM PDT



Task Edit View Patient Chart Links Notifications Navigation Help

Home Message Center Patient List Schedule Viewer Physician Handoff Discharge Dashboard KeckCare Assist Case Selection Clinical Management Reports Quality Measures My Experience Lexicomp

Tear Off Suspend Charges Exit Calculator Explorer Menu AdHoc Medication Administration PM Conversation Depart Communicate Patient Education Abandon Direct Address Book

LocUSC/7N 7220-8 Age: Sex: Male DOB: MyUSC Chart No: Not Interested - 108/20/... Allergies: MRN: Fin#

Inpatient [Admit On: 4/12/2017 08:15:00 PDT Disch On: 4/13/2017 20:00:00 PDT] Attending: GMILOS - DRG 32 day(s): 1519 - BAC: Blood Trans: Acceptable to P/Phy

Menu: All Ambulatory Views

100%

Neurology Pro. x Ambulatory W... x Ambulatory Su... x Discharge Sum... x Ambulatory Qu... x Anes. Acute Pa... x + Discharged

Inpatient Discharge Meds as Rx All

Order	Order Details	Status	Order Date/Time	Start Date/Time
care - Moderate (typically 25 min)	13:22			
99233 - Sbg hospital care - High (typically 35 min)	Completed 04/12/17 15:26		04/03/17	
99253 - I/P consult - Detailed (typically 55 min)	Completed 04/12/17 00:28			
99252 - I/P consult - Expanded (typically 40 min)	Completed 04/10/17 11:05			
95941 - Continuous IONM outside OR, group; per hr	Completed 04/05/17 14:37			
95940 - Continuous IONM inside OR, 1:1, ea 15 min	Completed 04/05/17 14:37			
95939 - TcMEP, upper and lower limbs	Completed 04/05/17 14:37			
95861 - Needle EMG, 2 extremity	Completed 04/05/17 14:37			

Order: 95941 - Continuous IONM outside OR, group; per hr

Order Details: Neurofibroma of neck, # of Tests: 5, Date of Service 04/03/17

Order Comments: r/z neurostim simple r/z, cmprx on nrv/prg 1hr r/z neuro, cmprx cran nrv/adl

Order Date/Time: 04/05/2017 14:37

Start Date/Time: 04/05/2017 14:37

Status: Completed

Ordered by: SHILLIAN DO, PARASTOU

Professional Component

CHARGE 95863 Needle EMG, 3 extremity 26

Professional Component

CHARGE 95864 Needle EMG, 4 extremity 26

Professional Component

CHARGE 95867 Nd EMG, crania nrv musc, uni 26

Professional Component

CHARGE 95868 Nd EMG, crania nrv musc, bil 26

Professional Component

CHARGE 95870 Nd EMG limited 1 muscle 26

USC Main OR Record
* Final Report *

Document Type: USC Main OR Record
*Date - Date of Service: April 03, 2017 21:20 PDT
Document Status: Modified
Document Title: USC Main OR Record
Author: Sanchez, Felipe on March 24, 2018 10:38 PDT
Encounter info: 678033317, KH-USC, Inpatient, 04/03/2017 - 04/13/2017

*** Final Report ***

USC Main OR Record (Verified)

USC Main OR Record Summary

Primary Physician: HSIEH MD, PATRICK
Case Number: KH-2017-2619
Finalized Date/Time: 03/24/18 10:38:01
Pt. Name: [REDACTED]
D.O.B./Sex: [REDACTED] Male
Med Rec #: [REDACTED]
Physician: HSIEH MD, PATRICK
Financial #: [REDACTED]
Pt. Type: I
Room/Bed: 7220/B
Admit/Disch: 04/03/17 05:15:00 -
04/13/17 20:00:00
Institution:

OR Assessment - MOR

Entry 1

IDENTIFICATION/VERIFICATION

Identified	Date of Birth, ID Band, Patient, Procedure, Side and Site, Surgeon, Consent - Discrepancies clarified prior to entry to OR Suite	Verified By	Patient, Physician, Medical Record
Presents With	IV		
ALLERGY REVIEW			
Allergies Reviewed	Yes		
I have reviewed the Preprocedure or Patient's Assessment Adhoc Form.	Yes		
Reassessment			
Nursing Care Plan			
Patient Outcome:	Met		
Patient relates an increase in psychological and			

USC Main OR Record
* Final Report *

physiological
comfort

Last Modified By: Villanueva RN, Marisol
04/03/17 10:42:48

General Comments:
Significant Other at bedside. Translator phone used.

Case Attendance - MOR

	Entry 1	Entry 2	Entry 3
Case Attendee	ALVARADO FEL, DAVID E	KIM MD, ANTHONY W	ROFFEY MD, PETER
Role Performed	Anesthesia Resident	First Assistant	Anesthesiologist
Time In (1)	04/03/17 07:41:00	04/03/17 07:41:00	04/03/17 07:41:00
Time Out (1)	04/03/17 12:05:00	04/03/17 11:40:00	04/03/17 11:45:00
Time In (2)	04/03/17 12:35:00	04/03/17 15:24:00	04/03/17 11:00:00
Time Out (2)	04/03/17 14:52:00	04/03/17 18:23:00	04/03/17 11:40:00
Time In (3)	04/03/17 15:47:00		04/03/17 11:56:00
Time Out (3)	04/03/17 19:40:00		04/03/17 11:44:00
Time In (4)			04/03/17 11:05:00
Time Out (4)			04/03/17 11:40:00
Time In (5)			
Time Out (5)			
Relief	No	No	No
Relief Safe Hand-Off	No	No	No
Manufacturer/Vendor			
Manufacturer/Vendor			
Other Name:			
Case Attendee			
Comments			
Last Modified By:	Ouyang RN, Xueqin 04/03/17 20:43:25	Ouyang RN, Xueqin 04/03/17 20:43:25	Ouyang RN, Xueqin 04/03/17 20:46:12
	Entry 4	Entry 5	Entry 6
Case Attendee	HSIEH MD, PATRICK	WONG MD, ALEX K	Villanueva RN,
Marisol			
Role Performed	Provider	Assistant Provider	Circulator
Time In (1)	04/03/17 07:41:00	04/03/17 06:46:00	04/03/17 07:41:00
Time Out (1)	04/03/17 18:09:00	04/03/17 20:30:00	04/03/17 07:30:00
Time In (2)			04/03/17 07:50:00
Time Out (2)			04/03/17 11:56:00
Time In (3)			04/03/17 11:30:00
Time Out (3)			04/03/17 11:37:00
Time In (4)			04/03/17 11:50:00
Time Out (4)			04/03/17 11:08:00
Time In (5)			
Time Out (5)			
Relief	No	No	No
Relief Safe Hand-Off	No	No	No
Manufacturer/Vendor			
Manufacturer/Vendor			
Other Name:			
Case Attendee			
Comments			
Last Modified By:	Villanueva RN, Marisol 04/03/17 17:01:45	Villanueva RN, Marisol 04/03/17 13:36:11	Villanueva RN, 04/03/17 11:40:57
	Entry 7	Entry 8	Entry 9
Case Attendee	Kibler RN, Richard	Aparicio ORT, Rosa	Falletta C T, Carol
Role Performed	Circulator	Scrub	Scrub
Time In (1)	04/03/17 09:25:00	04/03/17 08:30:00	04/03/17 07:41:00
Time Out (1)	04/03/17 09:51:00	04/03/17 08:50:00	04/03/17 07:31:00
Time In (2)		04/03/17 11:50:00	04/03/17 07:49:00

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Time Out (2)	04/03/17 12:55:00	04/03/17 1 :06:00
Time In (3)	04/03/17 14:40:00	04/03/17 1 :50:00
Time Out (3)	04/03/17 15:06:00	04/03/17 1 :44:00
Time In (4)		04/03/17 1 :03:00
Time Out (4)		04/03/17 1 :45:00
Time In (5)		
Time Out (5)		

Relief	Yes	Yes	No
Relief Safe Hand-Off	No	No	No

Manufacturer/Vendor
Manufacturer/Vendor

Other Name:

Case Attendee

Comments

Last Modified By:	Villanueva RN, Marisol 04/03/17 13:01:03	Ouyang RN, Xueqin 04/03/17 20:43:25	Ouyang RN, Xueqin 04/03/17 2 :46:12
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Entry 10

Case Attendee
Role Performed
Time In (1)
Time Out (1)
Time In (2)
Time Out (2)
Time In (3)
Time Out (3)
Time In (4)
Time Out (4)
Time In (5)
Time Out (5)

Surginet , N/A
Observer
04/03/17 09:15:00
04/03/17 15:00:00

Relief
Relief Safe Hand-Off

No
No
Saulo Lima Verde

Manufacturer/Vendor
Manufacturer/Vendor

Other Name:

Case Attendee

Comments

Last Modified By:	Villanueva RN, Marisol 04/03/17 12:18:47
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Entry 13

Case Attendee
Role Performed
Time In (1)
Time Out (1)
Time In (2)
Time Out (2)
Time In (3)
Time Out (3)
Time In (4)
Time Out (4)
Time In (5)
Time Out (5)

Kim, Aaron
Monitor Technician
04/03/17 12:05:00
04/03/17 13:30:00

Relief
Relief Safe Hand-Off

No
No

Manufacturer/Vendor
Manufacturer/Vendor

Other Name:

Case Attendee

Comments

Last Modified By:	Ouyang RN, Xueqin 04/03/17 21:46:12
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Entry 11

BUCHANAN RES, IAN
Resident
04/03/17 07:41:00
04/03/17 15:47:00
04/03/17 16:01:00
04/03/17 21:40:00

No
No

Last Modified By:	Villanueva RN, Marisol 04/03/17 14:43:33
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Entry 14

DIAZ RN, NICHOLAS
Circulator
04/03/17 10:50:00
04/03/17 11:33:00
04/03/17 13:35:00
04/03/17 13:53:00

Yes
No

Last Modified By:	Villanueva RN, Marisol 04/03/17 16:12:23
-------------------	---

Entry 12

Bautista, iego
Monitor Technician
04/03/17 0 :41:00
04/03/17 1 :09:00
04/03/17 1 :53:00
04/03/17 1 :30:00
04/03/17 1 :30:00
04/03/17 1 :29:00

No
No

Last Modified By:	Ouyang RN, Xueqin 04/03/17 2 :43:25
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Entry 15

MAYORGA, IRIAN
Monitor Technician
04/03/17 1 :09:00
04/03/17 1 :00:00

No
No

Last Modified By:	Villanueva RN, 04/03/17 1 :01:45
-------------------	-------------------------------------

USC Main OR Record
* Final Report *

	Entry 16	Entry 17	Entry 18
Case Attendee	WIGGINS RES, LUKE	SHILIAN DO, PARASTOU	AKOPIAN MI VAHE
Role Performed	Resident	Co Provider	Fellow
Time In (1)	04/03/17 07:41:00	04/03/17 11:09:00	04/03/17 1 :09:00
Time Out (1)	04/03/17 11:41:00	04/03/17 12:05:00	04/03/17 1 :05:00
Time In (2)	04/03/17 15:25:00	04/03/17 12:26:00	
Time Out (2)	04/03/17 20:35:00	04/03/17 13:30:00	
Time In (3)		04/03/17 15:27:00	
Time Out (3)		04/03/17 21:40:00	
Time In (4)			
Time Out (4)			
Time In (5)			
Time Out (5)			
Relief	No	No	No
Relief Safe Hand-Off	No	No	No
Manufacturer/Vendor			
Manufacturer/Vendor			
Other Name:			
Case Attendee			
Comments			
Last Modified By:	Ouyang RN, Xueqin 04/03/17 21:41:26	Ouyang RN, Xueqin 04/03/17 21:41:26	Ouyang RN, Xueqin 04/03/17 2 :41:26
	Entry 19	Entry 20	Entry 21
Case Attendee	BLUE, JULIE	MAYORGA, MIRIAN	JAHANSOUZ D,
ROUZBEH			
Role Performed	Monitor Technician	Monitor Technician	Anesthesic ogist
Time In (1)	04/03/17 13:30:00	04/03/17 14:30:00	04/03/17 1 :51:00
Time Out (1)	04/03/17 14:30:00	04/03/17 15:26:00	04/03/17 1 :55:00
Time In (2)		04/03/17 15:47:00	
Time Out (2)		04/03/17 21:40:00	
Time In (3)			
Time Out (3)			
Time In (4)			
Time Out (4)			
Time In (5)			
Time Out (5)			
Relief	No	No	No
Relief Safe Hand-Off	No	No	No
Manufacturer/Vendor			
Manufacturer/Vendor			
Other Name:			
Case Attendee			
Comments			
Last Modified By:	Ouyang RN, Xueqin 04/03/17 21:41:26	Ouyang RN, Xueqin 04/03/17 21:46:12	Ouyang RN, Xueqin 04/03/17 2 :51:27
	Entry 22	Entry 23	Entry 24
Case Attendee	Sosa, Jesse	MITCHELL RES, KERRY-ANN	Surginet , N/A
		STEWART	
Role Performed	Scrub	Resident	Vendor
Time In (1)	04/03/17 16:00:00	04/03/17 18:10:00	04/03/17 0 :46:00
Time Out (1)	04/03/17 16:28:00	04/03/17 21:40:00	04/03/17 2 :40:00
Time In (2)			
Time Out (2)			
Time In (3)			
Time Out (3)			
Time In (4)			
Time Out (4)			
Time In (5)			
Time Out (5)			
Relief	Yes	No	No
Relief Safe Hand-Off	No	No	No

9

USC Main OR Record
* Final Report *

Manufacturer/Vendor Manufacturer/Vendor Other Name: Case Attendee Comments Last Modified By:		applied bi logic MARIANNE F RAGIANIE Ouyang RN, Xueqin 04/03/17 20:43:25	
Ouyang RN, Xueqin 04/03/17 20:43:25		Ouyang RN, Xueqin 04/03/17 18:43:21	
Entry 25 Case Attendee Role Performed Time In (1) Time Out (1) Time In (2) Time Out (2) Time In (3) Time Out (3) Time In (4) Time Out (4) Time In (5) Time Out (5) Relief Relief Safe Hand-Off Manufacturer/Vendor Manufacturer/Vendor Other Name: Case Attendee Comments Last Modified By:		Entry 26 ALEXANDER MD, RUSSELL HASHIMY Anesthesiologist 04/03/17 19:40:00 04/03/17 21:40:00 No No Villanueva RN, Marisol 04/03/17 10:46:42	
LIM CRNA, DOROTHY CRNA 04/03/17 19:40:00 04/03/17 21:40:00 No No Ouyang RN, Xueqin 04/03/17 20:43:25		Ouyang RN, Xueqin 04/03/17 18:43:21	
Entry 27 Ouyang RN, Xueqin Circulator 04/03/17 19:32:00 04/03/17 21:40:00 No No Ouyang RN, Xueqin 04/03/17 20:43:25		Ouyang RN, Xueqin 04/03/17 18:43:21	
Entry 28 Case Attendee Role Performed Time In (1) Time Out (1) Time In (2) Time Out (2) Time In (3) Time Out (3) Time In (4) Time Out (4) Time In (5) Time Out (5) Relief Relief Safe Hand-Off Manufacturer/Vendor Manufacturer/Vendor Other Name: Case Attendee Comments Last Modified By:		Surginet , N/A Scrub 04/03/17 17:15:00 04/03/17 21:40:00 No No crystal rocha Ouyang RN, Xueqin 04/03/17 20:43:25	
Ouyang RN, Xueqin 04/03/17 20:43:25		Ouyang RN, Xueqin 04/03/17 18:43:21	

Case Times - MOR

Entry 1			
Patient		Patient Out Room	
Patient In Room Time	04/03/17 07:41:00	Time	04/03/17 21:40:00
Anesthesia		Anesthesia IntraOp	
Anesthesia Start	04/03/17 07:25:00		04/03/17 21:42:00

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Time		Ready Time	
Anesthesia Stop Time	04/03/17 22:00:00		
Robot			
Surgery			
Procedure/Surgery	04/03/17 09:35:00	Procedure/Surgery	04/03/17 2 :20:00
Start Time:		Stop Time:	
Last Modified By:	Ouyang RN, Xueqin		
	04/03/17 21:41:23		

OR Safe Hand-Off - MOR

Entry 1

Hand-Off	Patient Name &		
Communication OR RN	Allergies Reviewed,		
to OR RN	Surgical Procedure		
	Verified, Site Marked		
	(if applicable),		
	Planned Anesthesia Type		
	Reviewed, Blood		
	Products/Consent		
	Reviewed, POA Adhoc		
	Form Reviewed &		
	Complete,		
	Catheters/Drains,		
	Antibiotics Given,		
	Family Waiting/Contact		
	Information Documented,		
	Surgeon has Spoken with		
	Patient/Family		
Hand-Off Report OR			
Report Given By:	Villanueva RN, Marisol	Report Given To:	Kibler RN, Richard
Last Modified By:	Villanueva RN, Marisol		
	04/03/17 10:47:42		

Surgical Safety Checklist - MOR

Entry 1

Scheduled Procedure	Laminectomy Cervical		
	Anterior Discectomy,		
	Thoracotomy, Consult		
	Wound Closure		
Before Skin Incision			
CONFIRM ALL TEAM	Yes, All Team Members	Surgeon, Anesthesia	Date of Birth,
Patient,			
MEMBERS HAVE	have Introduced	Provider and Nurse	Side and Site,
INTRODUCED	Themselves by Name and	verbally confirm	Procedure, Consent,
THEMSELVES BY NAME	Role		Correct Patient
Position			
AND ROLE			
Anticipated	Surgeon Reviews: What		
Critical Events	are the critical or		
	unexpected steps,		
	operative duration,		
	anticipated blood		
	loss?, Correct Implants		
	Present, Special		
	Equipment Present,		
	Anesthesia Team		
	Reviews: Are there any		
	patient specific		
	concerns?, Nursing Team		
	Reviews: Has sterility		
	(including indicator		
	results) been		
	confirmed? Are there		



USC Main OR Record
* Final Report *

AGUILAR, SERGIO E - 03654346

Antibiotic Prophylaxis	equipment issues or concerns?		
Has Antibiotic Prophylaxis been given within the last 60 minutes?	Yes		
First Antibiotic Given			
Name of Antibiotic Given	Cefazolin	Route of Admin	IV Piggyback
Antibiotic Given By	ALVARADO FEL, DAVID E	Date/Time Antibiotic Given	04/03/17 08:21:00
Other Antibiotic (1st) Free Text	2 grams		
Second Antibiotic Given			
Third Antibiotic Given			
Is Essential Imaging displayed?	Yes	Foley Catheter?	Yes
Team Members Present	ALVARADO FEL, DAVID E, KIM MD, ANTHONY W, ROFFEY MD, PETER, HSIEH MD, PATRICK, Kibler RN, Richard, Falletta ORT, Carol, Surginet, N/A, BUCHANAN RES, IAN, Bautista, Diego Villanueva RN, Marisol	Time Out Date/Time	04/03/17 08:34:00
Last Modified By:	04/03/17 10:49:13		

Delays - MOR

Entry 1

Delay Reason: Other - See Comments

Last Modified By: Villanueva RN, Marisol
04/03/17 10:50:31

General Comments:
Various surgical teams speaking with patient. Translation phone line needed for communication.

General Case Data - MOR

Entry 1

Case Information OR	KH OR 01	Case Level - DO NOT CHANGE	USC Main Case Major
Specialty	SN Neurological Surgery	ASA Class	3
Anesthesia Type	General		
Surgical Wound Classification Guide			
Wound Class Group			
Wound Class	Class 1 - Clean		
Diagnosis			
Preop Diagnosis	RIGHT NECK AND CHEST MADS NEUROFIBROMA	Postop Same As Preop	Yes
Postop Diagnosis	RIGHT NECK AND CHEST MADS NEUROFIBROMA		
Last Modified By:	Villanueva RN, Marisol 04/03/17 10:55:42		

Surgical Procedures - MOR

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USC Main OR Record
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AGUILAR, SERGIO E - (03654346

	Entry 1	Entry 2	Entry 3
Scheduled Closure	Laminectomy Cervical	Thoracotomy	Consult Wound
Procedure/Pref Card	Anterior Discectomy and Fusion 1 Level		
Primary Procedure	Yes	No	No
Primary Surgeon	HSIEH MD, PATRICK	KIM MD, ANTHONY W	WONG MD, PETER X
Modifiers			
Actual Surgical Procedure	RIGHT RADICAL NECK DISSECTION, THORACOTOMY, RIGHT NECK MASS RESECTION,	STENOTOMY, CHEST WALL RESECTION OF CHEST WALL TUMOR RESECTION	RIGHT RIGHT NECK LATISSIMUS DORSI RATATIONAL FLAP, POSSIBLE FREE FLAP
FROM			AVAILABLE HIGH AND POSSIBLE SLIT THICKENSS KIN GRAFT FROM AVAILABLE SITE
Procedure Start	04/03/17 09:35:00	04/03/17 09:35:00	04/03/17 09:35:00
Procedure Stop	04/03/17 21:20:00	04/03/17 21:20:00	04/03/17 21:20:00
Anesthesia Charge (Maj/Min Only) DO NOT CHANGE	Major	Major	Minor
Surgical Service	SN Neurological Surgery	SN Thoracic	SN Plastic / Reconstructive
Last Modified By:	Ouyang RN, Xueqin 04/03/17 21:41:31	Ouyang RN, Xueqin 04/03/17 21:41:31	Ouyang RN, Xueqin 04/03/17 21:41:31

Patient Positioning - MOR

	Entry 1		
Body Position	Supine	Left Arm Position	At Side, Tucked
Right Arm Position	At Side, Tucked	Left Leg Position	Extended
Right Leg Position	Extended	Positioning Device	Donut Headrest, Roho Pillow, Pink Pad, Pillow Under Knees, Safety Strap, SCD 40mmHg Bot Legs
Body Alignment	Yes	Positioning By	ALVARADO, L, DAVID
E, Maintained			KIM MD, ANTHONY W, ROFFEY MD, PETER,
HSIEH			MD, PATRICK,
Villanueva			RN, Marisc,
BUCHANAN			RES, IAN, IGGINS
RES,			LUKE
Positioning Comments	Pink pads to bilateral upper, extremities and heels. Flat sheet used to tuck arms; additional 3 inch silk tape used to secure arms. Safety strap x 3. Anes. and surgical teams in agreement of patient position.		
Patient Positioning Nursing Care Plan			
Patient Outcome:	Met		
Patient is free from signs and			



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USC Main OR Record
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AGUILAR, SERGIO E - 003654346

symptoms of injury
related to
positioning

Last Modified By: Villanueva RN, Marisol
04/03/17 12:17:59

General Comments:
Patient position evaluated every hour and PRN.

Skin Prep - MOR

Entry 1		Entry 2	
Prep Area	Neck, chest, upper part of abdomen	Prep Agents	Alcohol, I raprep
Prep Site Dry Prior to Draping?	Yes	Site Prepped By	BUCHANAN F S, IAN
Hair Removal Methods	Clipper	Hair Removal By	WIGGINS RE , LUKE
Skin Prep Nursing Care Plan			
Patient Outcome:	Met		
Patient is free from signs and symptoms of infection			
Last Modified By:	Villanueva RN, Marisol 04/03/17 12:22:00		

Counts - MOR


	Entry 1	Entry 2	Entry 3
Counts Process			
Count Type	Initial Pre-Op Count (Baseline)	Relief Count	Relief Count
Performing Counts			
Circulator	Villanueva RN, Marisol	DIAZ RN, NICHOLAS	Villanueva RN,
Marisol			
Performing Counts			
Scrub Performing	Falletta CRT, Carol	Falletta CRT, Carol	Falletta CRT, Carol
Counts			
Sponges Correct?	Yes	Yes	Yes
Sharps Correct?	Yes	Yes	Yes
Instruments Correct?	Yes	N/A	N/A
Surgeon Notified of Counts	Yes	Yes	Yes
RF Wand Used - No Beeps	n/a	n/a	n/a
All Sponges Accounted For	Yes	Yes	Yes
Sponges			
Sponges Site			
Number of Sponges Packed			
Number of Sponges Counted			
Total # of Sponges Accounted For			
Surgeon Notified of Incorrect Count	n/a	n/a	n/a
X-Ray Taken for Incorrect Count	n/a	n/a	n/a
X-Ray Read By			
Counts Process			
Comments			
Counts Nursing Care			



Operative Reports

* Final Report *



Document Type: Operative Reports
*Date - Date of Service: April 03, 2017 21:14 PDT
Document Status: Auth (Verified)
Document Title: Brief Op Note
Author: VARTANIAN RES, EMMA on April 03, 2017 21:17 PDT
Authenticated By: VARTANIAN RES, EMMA on April 03, 2017 21:17 PDT
Encounter info:  KH-USC, Inpatient, 04/03/2017 - 04/13/2017

*** Final Report ***

Preoperative Diagnosis

R neck neurofibroma

Postoperative Diagnosis

R neck neurofibroma

Operation

rotational pectoralis major myocutaneous flap

Surgeon(s)

Wong

Assistant

Mitchell

Vartanian

Anesthesia

GETA

Estimated Blood Loss

50 cc

Urine Output

800 cc

Specimen(s)

none

Complications

none apparent

Technique

see operative report

Signature Line

Electronically Signed On 04/03/17 09:17 PM PDT

EMMA VARTANIAN

Modified by EMMA VARTANIAN On 04/03/17 09:17 PM PDT



Exhibit 21

Andres Gonzalez, M.D.
Department of Neurology
Keck School of Medicine of USC
Faculty Compensation Plan

Description	Account	Object Code	2013				2014				2015				2016			
			Budget		Actual		Budget		Actual		Budget		Actual		Budget		Projected Actual	
			Annual Amount	% effort	Annual Amount	% effort	Annual Amount	% effort	Annual Amount	% effort	Annual Amount	% effort	Annual Amount	% effort	Annual Amount	% effort	Annual Amount	% effort
Fixed Annual Salary (X + Y Components)																		
Academic Salary (X: MSOA)			\$150,000	44%	\$150,000	44%	\$150,000	44%	\$150,003	44%	\$150,006	44%	\$129,593	38%	\$150,006	44%	\$150,006	44%
Academic Salary (X: MSOA)				0%		0%		0%		0%		0%	\$20,413	6%		0%		0%
Administrative Stipend (Y: Medical Clerkship Director)			\$5,000	1%	\$5,000	1%	\$5,000	1%	\$5,001	1%	\$5,000	1%	\$5,001	1%	\$5,001	1%	\$5,001	1%
Administrative Stipend (Y: IOM Division Chief)				0%	\$30,000	9%	\$30,000	9%	\$29,999	9%	\$30,000	9%	\$29,999	9%	\$29,999	9%	\$29,999	9%
Administrative Stipend (Y: Neurology)			\$30,000	9%		0%		0%		0%		0%		0%		0%		0%
Clinical Practice (X: Neurology)			\$158,400	46%	\$158,400	46%	\$158,400	46%	\$158,397	46%	\$158,394	46%	\$158,394	46%	\$158,394	46%	\$158,394	46%
Total Fixed Annual Salary (X + Y)			\$343,400	100%	\$343,400	100%	\$343,400	100%	\$343,400	100%	\$343,400	100%	\$343,400	100%	\$343,400	100%	\$343,400	100%
At-Risk Incentive and Productivity Compensation (Z Components)																		
Incentive Compensation (Z)			\$81,600		\$19,152		\$90,649		\$36,165		\$90,655		\$66,794		\$12,760		\$106,060	
Academic, Clinical and Research Productivity Bonus Compensation (Z)			\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
Total At-Risk Incentive and Productivity Bonus Compensation (Z)			\$81,600		\$19,152		\$90,649		\$36,165		\$90,655		\$66,794		\$12,760		\$106,060	
Clinical Service Overhead			\$0		\$0		\$0		\$63,216		\$90,168		\$114,648		\$95,472		\$89,352	
Total Faculty Compensation Plan			\$425,000		\$362,552		\$434,049		\$442,781		\$524,223		\$524,842		\$451,632		\$538,812	
				% Net Collection Credit		% Net Collection Credit		% Net Collection Credit		% Net Collection Credit		% Net Collection Credit		% Net Collection Credit		% Net Collection Credit		% Net Collection Credit
Notes:																		
T. Projected Incentive Compensation (Z):	WVRU				\$,087.1		\$,897.0		\$,400.3		\$,301.0		\$,209.8		\$,300.0		\$,112.0	
	Net Collections/VRU				\$58,000		\$73,37		\$50,27		\$76,30		\$43,31		\$37,05		\$53,82	
	Net Patient Service Revenue		\$400,000		\$268,184		\$415,082		\$334,270		\$416,082		\$402,798		\$311,190		\$382,798	
	Less: Clinical Overhead		\$160,000		\$119,274		\$166,033		\$129,708		\$166,033		\$176,748		\$140,036		\$172,258	
	Less: Professional Business Exp				\$1,358								\$620					
	Net Collection Credit		\$240,000		\$177,552		\$249,049		\$194,562		\$249,049		\$225,188		\$171,154		\$210,537	
	Less: Clinical Fixed Salary (X)		\$158,400	66%	\$158,400	89%	\$158,400	64%	\$158,397	81%	\$158,394	64%	\$158,394	70%	\$158,394	93%	\$158,394	75%
	Total Incentive (Z)		\$81,600	34%	\$19,152	11%	\$90,649	36%	\$36,165	19%	\$90,655	36%	\$66,794	30%	\$12,760	7%	\$52,143	25%
	Clinical Overhead Rate			40%		40%		40%		40%		40%		40%		45%		45%

Net Collections 763,517
Incentive Rate 106
Net Collection Credit 418,893
Less: Clinical Fixed Salary 298,714
Total Incentive 712,109

Exhibit 22

Panagiotou Shilian, D.O.
Department of Neurology
Keck School of Medicine of USC
Faculty Compensation Plan

Description	Account	Object Code	Budget 2013		Actual		Budget 2014		Actual		Budget 2015		Actual		Budget 2016		Projected Actual	
			Annual Amount	% effort	Annual Amount	% effort	Annual Amount	% effort	Annual Amount	% effort	Annual Amount	% effort	Annual Amount	% effort	Annual Amount	% effort	Annual Amount	% effort
Fixed Annual Salary (X + Y Components)																		
Academic Salary (X: MSOA)			\$150,000	100%	\$150,000	100%	\$150,000	100%	\$150,000	100%	\$150,000	79%	\$158,185	79%	\$151,680	76%	\$151,680	76%
Clinical Practice (X: Neurology)			\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$50,000	26%	\$41,815	21%	\$48,320	24%	\$48,320	24%
Total Fixed Annual Salary (X + Y)			\$150,000	100%	\$150,000	100%	\$150,000	100%	\$150,000	100%	\$200,000	106%	\$200,000	100%	\$200,000	100%	\$200,000	100%
At-Risk Incentive and Productivity Compensation (Z Components)																		
Incentive Compensation (Z)			\$124,200		\$136,302		\$143,785		\$162,371		\$93,785		\$87,572		\$107,500		\$106,060	
Academic, Clinical and Research Productivity Bonus Compensation (Z)			\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
Total At-Risk Incentive and Productivity Bonus Compensation (Z)			\$124,200		\$136,302		\$143,785		\$162,371		\$93,785		\$87,572		\$107,500		\$106,060	
Clinical Service Overhead			\$0		\$0		\$0		\$51,000		\$90,188		\$81,600		\$95,472		\$104,040	
Total Faculty Compensation Plan			\$274,200		\$286,302		\$293,785		\$363,371		\$383,953		\$369,172		\$402,972		\$410,100	
			N Net Collection Credit		N Net Collection Credit		N Net Collection Credit		N Net Collection Credit		N Net Collection Credit		N Net Collection Credit		N Net Collection Credit		N Net Collection Credit	
			3,591.2		5,617.9		4,305.0		7,741.1		8,200.0		6,556.7		6,556.7		6,556.7	
			\$207,000		\$229,804		\$229,841		\$276,619		\$239,641		\$312,719		\$283,310		\$378,733	
			\$82,800		\$81,962		\$86,856		\$108,247		\$96,856		\$147,709		\$127,480		\$170,425	
			\$124,200		\$136,302		\$143,785		\$162,371		\$143,785		\$129,387		\$155,820		\$208,298	
			\$0		\$0		\$0		\$0		\$50,000		\$41,815		\$48,320		\$48,320	
			\$124,200		\$136,302		\$143,785		\$162,371		\$93,785		\$87,572		\$107,500		\$109,978	
			40%		40%		40%		40%		40%		40%		40%		40%	

Net Collections 762,517
Incentive Rate 55%
Net Collection Credit 418,819
Less: Clinical Fixed Salary 286,714
Total Incentive 212,130

Exhibit 23

Group	USC CARE MEDICAL GROUP INC (3)
Department	NEUROLOGY (5)
Division	INTRAOPERATIVE MONITORING (29)
Date of Posting,Fiscal Month Name	(Multiple Items) <----July - Feb

Procedure Code	Column Labels FY 2016		FY 2017	
	Procedure Units	Procedure Units	Diff in PUnits	% Diff in PUnits
99201-99499 Evaluation and Management	8	8		0.00%
99201-99205 Outpatient Visit - New	2	2		0.00%
99204 - OFFICE OUTPT NEW 45 MIN		2	2	
99205 - OFFICE OUTPT NEW 60 MIN	2		(2)	
99211-99215 Outpatient Visit - Established	2		(2)	
99214 - OFFICE OUTPT EST 25 MIN	2		(2)	
99360-99360 Standby Services	4	6	2	50.00%
99360 - PHYS STANDBY SVC PROLNG PHYS ATTN EA 30 MIN	4	6	2	50 00%
61000-64999 Nervous System				
69990-69990 Operating Microscope				
90281-99607 Medicine	5,570	4,658	(912)	-16.37%
92550-92596 Hearing and Speech Tests	67	58	(9)	-13.43%
92585 - AEP ERAAND TSTG CNS COMPRE	67	58	(9)	-13.43%
95812-95830 Evaluation of Brain Activity by Electroencephalogram	46	47	1	2.17%
95813 - EEG EXTND MNTR GRTR 1 HR	3		(3)	
95816 - EEG W REC AWAKEANDDROWSY	1		(1)	
95819 - EEG W REC AWAKEANDASLEEP	1		(1)	
95822 - EEG REC COMA SLEEP ONLY	41	46	5	12 20%
95829 - ELECTROCORTICOGRAM SURG SPX		1		
95860-95920 Evaluation of Nerve and Muscle Function: Electromyography/Nerve Conduction Studies	700	752	52	7.43%
95860 - NDL EMG 1 XTR PLUS-RELATED PARASPI AREAS	1		(1)	
95861 - NDL EMG 2 XTR PLUS-RELATED PARASPI AREAS	427	496	69	16.16%
95864 - NDL EMG 4 XTR PLUS-RELATED PARASPI AREAS	1		(1)	
95867 - NDL EMG CRNL NRV SUPPLIED MUSC UNI	184	164	(20)	-10 87%
95868 - NDL EMG CRNL NRV SUPPLIED MUSC BI	84	91	7	8 33%
95870 - NDL EMG LMTD STD MUSC 1 XTR NON-LIMB UNI BI	1	1		0 00%
95887 - NEEDLE EMG NONEXTREMTY MSCLES W/NERVE CONDUCTION	1		(1)	
95907 - MOTOR &/SENS 1-2 NRV CNDJ PRECONF ELTRODE LIMB	1		(1)	
95925-95943 Neurotransmission Studies	4,701	3,748	(953)	-20.27%
95925 - SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	2	5	3	150 00%
95926 - SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	1		(1)	
95928 - CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ UPR LIMBS	1	1		0 00%
95929 - CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ LWR LIMBS	2		(2)	
95930 - VISUAL EP TSTG CNS CHECKERBOARD FLASH	1		(1)	
95937 - NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	174	172	(2)	-1.15%
95938 - SHORT-LATENCY SOMATOSENS EP STD UPR & LOW LIMBS	591	657	66	11.17%
95939 - CTR MOTR EP STD TRANSCRNL MOTR STIM UPR&LOW LIMB	550	643	93	16 91%
95940 - IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	1,923	845	(1,078)	-56 06%
95941 - IONM REMOTE/NEARBY MORE THAN 1 PATIENT IN OR PER HOUR	1,456	1,425	(31)	-2.13%
95950-95962 Electroencephalography For Seizure Monitoring/Intraoperative Use	38	32	(6)	-15.79%
95970-95982 Evaluation of Implanted Neurostimulator	18	21	3	16.67%
G0008-G9156 Procedures/Professional Services (Temporary)	4,253	5,488	1,235	29.04%
G0127-G3001 Untitled section	4,253	5,488	1,235	29.04%
G0453 - CONT INTRAOP NEURO MONITOR	4,253	5,488	1,235	29 04%
Grand Total	9,831	10,154	323	3.29%

Group	USC CARE MEDICAL GROUP INC (3)
Division	INTRAOPERATIVE MONITORING (29)
Department	NEUROLOGY (5) <----July - Feb
Date of Posting.Fiscal Month Name	(Multiple Items)

Procedure Code	Column Labels FY 2016		FY 2017	
	Charge Amount	Charge Amount	Diff in Chgs	% Diff in Chgs
99201-99499 Evaluation and Management	\$2,060	\$1,680	(\$380)	-18.45%
99201-99205 Outpatient Visit - New	\$960	\$780	(\$180)	-18.75%
99204 - OFFICE OUTPT NEW 45 MIN		\$780	\$780	
99205 - OFFICE OUTPT NEW 60 MIN	\$960		(\$960)	
99211-99215 Outpatient Visit - Established	\$500		(\$500)	
99214 - OFFICE OUTPT EST 25 MIN	\$500		(\$500)	
99221-99233 Inpatient Hospital Visits: Initial and Subsequent	\$		\$	
99238-99239 Inpatient Hospital Discharge Services	\$		\$	
99238 - HOSP DSCHRG D MGMT 30 MIN LESSTHN	\$		\$	
99360-99360 Standby Services	\$600	\$900	\$300	50.00%
99360 - PHYS STANDBY SVC PROLNG PHYS ATTN EA 30 MIN	\$600	\$900	\$300	50.00%
61000-64999 Nervous System	\$		\$	
69990-69990 Operating Microscope	\$		\$	
90281-99607 Medicine	\$953,870	\$867,765	(\$86,105)	-9.03%
92550-92596 Hearing and Speech Tests	\$17,420	\$15,080	(\$2,340)	-13.43%
92585 - AEP ERAAND TSTG CNS COMPRE	\$17,420	\$15,080	(\$2,340)	-13.43%
95812-95830 Evaluation of Brain Activity by Electroencephalogram	\$11,000	\$11,890	\$890	8.09%
95813 - EEG EXTND MNTR GRTR 1 HR	\$1,110		(\$1,110)	
95816 - EEG W REC AWAKEANDDROWSY	\$230		(\$230)	
95819 - EEG W REC AWAKEANDASLEEP	\$230	\$	(\$230)	-100.00%
95822 - EEG REC COMA SLEEP ONLY	\$9,430	\$10,580	\$1,150	12.20%
95829 - ELECTROCORTICOGRAM SURG SPX		\$1,310	\$1,310	
95860-95920 Evaluation of Nerve and Muscle Function: Electromyography/Nerve Conduction Studi	\$175,940	\$194,470	\$18,530	10.53%
95860 - NDL EMG 1 XTR PLUS-RELATED PARASPI AREAS	\$190	\$	(\$190)	-100.00%
95861 - NDL EMG 2 XTR PLUS-RELATED PARASPI AREAS	\$128,100	\$148,800	\$20,700	16.16%
95864 - NDL EMG 4 XTR PLUS-RELATED PARASPI AREAS	\$380		(\$380)	
95867 - NDL EMG CRNL NRV SUPPLIED MUSC UNI	\$27,600	\$24,600	(\$3,000)	-10.87%
95868 - NDL EMG CRNL NRV SUPPLIED MUSC BI	\$19,320	\$20,930	\$1,610	8.33%
95870 - NDL EMG LMTD STD MUSC 1 XTR NON-LIMB UNI BI	\$80	\$140	\$60	75.00%
95886 - NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE		\$	\$	
95887 - NEEDLE EMG NONEXTREMTY MSCLES W/NERVE CONDUCTION	\$90	\$	(\$90)	-100.00%
95907 - MOTOR &/SENS 1-2 NRV CNDJ PRECONF ELTRODE LIMB	\$180	\$	(\$180)	-100.00%
95912 - MOTOR &/SENS 11-12 NRV CNDJ PRECONF ELTRODE LIMB		\$	\$	
95920 - INTRAOP NEUROPHYSIOLOGY TSTG PR HR	\$	\$	\$	
95925-95943 Neurotransmission Studies	\$709,550	\$614,525	(\$95,025)	-13.39%
95925 - SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	\$400	\$1,000	\$600	150.00%
95926 - SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	\$200	\$	(\$200)	-100.00%
95928 - CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ UPR LIMBS	\$480	\$480	\$	0.00%
95929 - CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ LWR LIMBS	\$960	\$	(\$960)	-100.00%
95930 - VISUAL EP TSTG CNS CHECKERBOARD FLASH	\$120		(\$120)	
95937 - NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	\$38,280	\$37,840	(\$440)	-1.15%
95938 - SHORT-LATENCY SOMATOSENS EP STD UPR & LOW LIMBS	\$59,100	\$65,700	\$6,600	11.17%
95939 - CTR MOTR EP STD TRANSCRNL MOTR STIM UPR&LOW LIMB	\$143,000	\$167,180	\$24,180	16.91%
95940 - IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	\$211,530	\$92,950	(\$118,580)	-56.06%
95941 - IONM REMOTE/NEARBY MORE THAN 1 PATIENT IN OR PER HOUR	\$255,480	\$249,375	(\$6,105)	-2.39%
95950-95962 Electroencephalography For Seizure Monitoring/Intraoperative Use	\$26,360	\$16,090	(\$10,270)	-38.96%
95951 - MNTR F LOCLZJ CERE SEIZ FOC CABLE RADIO EEG VID	\$14,000		(\$14,000)	
95955 - EEG NONICRA SURG		\$160	\$160	
95961 - FUNCJAL CORTANDSUBCORT MAPG ELTRDS 1 HR PHYS ATTN	\$9,180	\$12,750	\$3,570	38.89%
95962 - FUNCJAL CORTANDSUBCORT MAPG ELTRDS EA HR PHYS ATTN	\$3,180	\$3,180	\$	0.00%
95970-95982 Evaluation of Implanted Neurostimulator	\$13,600	\$15,710	\$2,110	15.51%
95978 - ELEC ALYS NSTIM PLS GEN CPLX DP BRN 1ST HR	\$12,040	\$13,760	\$1,720	14.29%
95979 - ELEC ALYS NSTIM PLS GEN CPLX DP BRN EA 30 MIN	\$1,560	\$1,950	\$390	25.00%
95992-95999 Other and Unlisted Neurological Procedures	\$		\$	
95999 - UNLIS NEUROLOGICAL NEUROMUSCULAR DX PX	\$		\$	
G0008-G9156 Procedures/Professional Services (Temporary)	\$382,770	\$493,920	\$111,150	29.04%
G0127-G3001 Untitled section	\$382,770	\$493,920	\$111,150	29.04%
G0453 - CONT INTRAOP NEURO MONITOR	\$382,770	\$493,920	\$111,150	29.04%
Grand Total	\$1,338,700	\$1,363,365	\$24,665	1.84%

Group	USC CARE MEDICAL GROUP INC (3)
Department	NEUROLOGY (5)
Date of Posting.Fiscal Month Name	(Multiple Items) <----July - Feb
Division	INTRAOPERATIVE MONITORING (29)

Procedure Code	Column Labels			
	FY 2016		FY 2017	
	Net Collection	Net Collection	Difference Net	% Difference
- Invoice Payment	\$2,474	\$5,407	\$2,933	118.56%
Unknown - Unknown	\$	(\$1,490)	(\$1,490)	
99201-99499 Evaluation and Management	\$1,099	\$147	(\$952)	-86.65%
99201-99205 Outpatient Visit - New	\$494	\$147	(\$347)	-70.29%
99204 - OFFICE OUTPT NEW 45 MIN		\$147	\$147	
99205 - OFFICE OUTPT NEW 60 MIN	\$494		(\$494)	
99211-99215 Outpatient Visit - Established	\$178		(\$178)	
99214 - OFFICE OUTPT EST 25 MIN	\$178		(\$178)	
99221-99233 Inpatient Hospital Visits: Initial and Subsequent	\$215		(\$215)	
99222 - 1ST HOSP CARE PR D 50 MIN	\$123		(\$123)	
99233 - SBSQ HOSP CARE PR D 35 MIN	\$92		(\$92)	
99238-99239 Inpatient Hospital Discharge Services	\$62		(\$62)	
99238 - HOSP DSCHRG D MGMT 30 MIN LESSTHN	\$62		(\$62)	
99360-99360 Standby Services	\$150	\$	(\$150)	-100.00%
99360 - PHYS STANDBY SVC PROLNG PHYS ATTN EA 30 MIN	\$150	\$	(\$150)	-100.00%
61000-64999 Nervous System	\$		\$	
69990-69990 Operating Microscope	\$		\$	
90281-99607 Medicine	\$413,153	\$369,482	(\$43,671)	-10.57%
92550-92596 Hearing and Speech Tests	\$3,481	\$3,028	(\$452)	-13.00%
92585 - AEP ERAAND TSTG CNS COMPRE	\$3,481	\$3,028	(\$452)	-13.00%
95812-95830 Evaluation of Brain Activity by Electroencephalogram	\$3,299	\$3,488	\$189	5.73%
95813 - EEG EXTND MNTR GRTR 1 HR	\$337		(\$337)	
95816 - EEG W REC AWAKEANDDROWSY	\$77		(\$77)	
95819 - EEG W REC AWAKEANDASLEEP	(\$9)	\$150	\$159	-1842.16%
95822 - EEG REC COMA SLEEP ONLY	\$2,894	\$3,338	\$445	15.36%
95829 - ELECTROCORTICOGRAM SURG SPX		\$	\$	
95860-95920 Evaluation of Nerve and Muscle Function: Electromyography/Nerve Conduction Studies	\$68,444	\$64,518	(\$3,925)	-5.74%
95860 - NDL EMG 1 XTR PLUS-RELATED PARASPI AREAS	\$7	\$48	\$41	562.30%
95861 - NDL EMG 2 XTR PLUS-RELATED PARASPI AREAS	\$45,371	\$47,392	\$2,021	4.46%
95864 - NDL EMG 4 XTR PLUS-RELATED PARASPI AREAS	\$94		(\$94)	
95867 - NDL EMG CRNL NRV SUPPLIED MUSC UNI	\$11,011	\$8,746	(\$2,265)	-20.57%
95868 - NDL EMG CRNL NRV SUPPLIED MUSC BI	\$7,707	\$7,541	(\$166)	-2.15%
95870 - NDL EMG LMTD STD MUSC 1 XTR NON-LIMB UNI BI	\$22	\$140	\$117	523.83%
95886 - NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE		\$50	\$50	
95887 - NEEDLE EMG NONEXTREMTY MSCLES W/NERVE CONDUCTION	\$107	\$69	(\$39)	-36.10%
95907 - MOTOR &/SENS 1-2 NRV CNDJ PRECONF ELTRODE LIMB	\$150	\$97	(\$53)	-35.55%
95920 - INTRAOP NEUROPHYSIOLOGY TSTG PR HR	\$3,973	\$263	(\$3,710)	-93.38%
95925-95943 Neurotransmission Studies	\$319,845	\$290,030	(\$29,815)	-9.32%
95925 - SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	\$242	\$233	(\$9)	-3.55%
95926 - SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	\$58	\$27	(\$31)	-53.23%
95928 - CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ UPR LIMBS	\$310	\$159	(\$151)	-48.66%
95929 - CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ LWR LIMBS	\$84	\$10	(\$74)	-87.79%
95930 - VISUAL EP TSTG CNS CHECKERBOARD FLASH	\$55		(\$55)	
95937 - NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	\$8,512	\$5,910	(\$2,602)	-30.57%
95938 - SHORT-LATENCY SOMATOSENS EP STD UPR & LOW LIMBS	\$31,491	\$34,378	\$2,887	9.17%
95939 - CTR MOTR EP STD TRANSCRNL MOTR STIM UPR&LOW LIMB	\$79,282	\$85,953	\$6,671	8.41%
95940 - IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	\$74,234	\$43,477	(\$30,757)	-41.43%
95941 - IONM REMOTE/NEARBY MORE THAN 1 PATIENT IN OR PER HOUR	\$125,577	\$119,883	(\$5,694)	-4.53%
95950-95962 Electroencephalography For Seizure Monitoring/Intraoperative Use	\$12,717	\$5,291	(\$7,426)	-58.39%
95951 - MNTR F LOCLZJ CERE SEIZ FOC CABLE RADIO EEG VID	\$6,363		(\$6,363)	
95955 - EEG NONICRA SURG		\$	\$	
95961 - FUNCJAL CORTANDSUBCORT MAPG ELTRDS 1 HR PHYS ATTN	\$4,615	\$3,964	(\$651)	-14.12%
95962 - FUNCJAL CORTANDSUBCORT MAPG ELTRDS EA HR PHYS ATTN	\$1,738	\$1,327	(\$411)	-23.65%
95970-95982 Evaluation of Implanted Neurostimulator	\$5,201	\$3,126	(\$2,075)	-39.90%
95978 - ELEC ALYS NSTIM PLS GEN CPLX DP BRN 1ST HR	\$4,444	\$3,126	(\$1,317)	-29.65%
95979 - ELEC ALYS NSTIM PLS GEN CPLX DP BRN EA 30 MIN	\$758	\$	(\$758)	-100.00%
95992-95999 Other and Unlisted Neurological Procedures	\$166		(\$166)	
95999 - UNLIS NEUROLOGICAL NEUROMUSCULAR DX PX	\$166		(\$166)	
G0008-G9156 Procedures/Professional Services (Temporary)	\$132,332	\$191,124	\$58,792	44.43%
G0127-G3001 Untitled section	\$132,332	\$191,124	\$58,792	44.43%
Grand Total	\$549,058	\$564,670	\$15,612	2.84%

Group	USC CARE MEDICAL GROUP INC (3)
Department	NEUROLOGY (5)
Date of Posting, Fiscal Month Name	(Multiple Items) <----July - Feb
Division	INTRAOPERATIVE MONITORING (29)

Procedure Code	Column Labels			
	FY 2016 Work RVU	Work RVU	FY 2017 Diff in wRVU	% Diff in
- Invoice Payment	0.00	0.00	0.00	
Unknown	0.00	0.00	0.00	
99201-99499 Evaluation and Management	14.81	12.63	(2.18)	-14.74%
99201-99205 Outpatient Visit - New	6.64	5.09	(1.55)	-23.34%
99204 - OFFICE OUTPT NEW 45 MIN		5.09	5.09	
99205 - OFFICE OUTPT NEW 60 MIN	6.64		(6.64)	
99211-99215 Outpatient Visit - Established	3.14		(3.14)	
99214 - OFFICE OUTPT EST 25 MIN	3.14		(3.14)	
99221-99233 Inpatient Hospital Visits: Initial and Subsequent	0.00		0.00	
99222 - 1ST HOSP CARE PR D 50 MIN	0.00		0.00	
99233 - SBSQ HOSP CARE PR D 35 MIN	0.00		0.00	
99238-99239 Inpatient Hospital Discharge Services	0.00		0.00	
99238 - HOSP DSCHRG D MGMT 30 MIN LESSTHN	0.00		0.00	
99360-99360 Standby Services	5.03	7.54	2.51	49.82%
69990-69990 Operating Microscope	0.00		0.00	
90281-99607 Medicine	7,638.59	7,102.71	(535.88)	-7.02%
92550-92596 Hearing and Speech Tests	35.07	30.36	(4.71)	-13.43%
92585 - AEP ERAAND TSTG CNS COMPRE	35.07	30.36	(4.71)	-13.43%
95812-95830 Evaluation of Brain Activity by Electroencephalogram	54.06	58.51	4.45	8.23%
95813 - EEG EXTND MNTR GRTR 1 HR	5.43		(5.43)	
95816 - EEG W REC AWAKEANDDROWSY	1.13		(1.13)	
95819 - EEG W REC AWAKEANDASLEEP	1.13	0.00	(1.13)	-100.00%
95822 - EEG REC COMA SLEEP ONLY	46.36	52.01	5.65	12.20%
95829 - ELECTROCORTICOGRAM SURG SPX		6.49	6.49	
95860-95920 Evaluation of Nerve and Muscle Function: Electromyography/Nerve Conduction Studi	949.72	1,048.20	98.48	10.37%
95860 - NDL EMG 1 XTR PLUS-RELATED PARASPI AREAS	1.01	0.00	(1.01)	-100.00%
95861 - NDL EMG 2 XTR PLUS-RELATED PARASPI AREAS	688.49	799.74	111.25	16.16%
95864 - NDL EMG 4 XTR PLUS-RELATED PARASPI AREAS	2.08		(2.08)	
95867 - NDL EMG CRNL NRV SUPPLIED MUSC UNI	152.19	135.65	(16.54)	-10.87%
95868 - NDL EMG CRNL NRV SUPPLIED MUSC BI	103.78	112.43	8.65	8.33%
95870 - NDL EMG LMTD STD MUSC 1 XTR NON-LIMB UNI BI	0.39	0.39	0.00	0.00%
95886 - NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE		0.00	0.00	
95887 - NEEDLE EMG NONEXTREMTY MSCLES W/NERVE CONDUCTION	0.74	0.00	(0.74)	-100.00%
95907 - MOTOR &/SENS 1-2 NRV CNDJ PRECONF ELTRODE LIMB	1.05	0.00	(1.05)	-100.00%
95912 - MOTOR &/SENS 11-12 NRV CNDJ PRECONF ELTRODE LIMB		0.00	0.00	
95920 - INTRAOP NEUROPHYSIOLOGY TSTG PR HR	0.00	0.00	0.00	
95925-95943 Neurotransmission Studies	6,377.62	5,806.79	(570.84)	-8.95%
95925 - SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	1.13	2.83	1.70	150.00%
95926 - SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	0.57	0.00	(0.57)	-100.00%
95928 - CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ UPR LIMBS	1.57	1.57	0.00	0.00%
95929 - CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ LWR LIMBS	3.14	0.00	(3.14)	-100.00%
95930 - VISUAL EP TSTG CNS CHECKERBOARD FLASH	0.37		(0.37)	
95938 - SHORT-LATENCY SOMATOSENS EP STD UPR & LOW LIMBS	532.15	591.58	59.43	11.17%
95939 - CTR MOTR EP STD TRANSCRNL MOTR STIM UPR&LOW LIMB	1,295.66	1,514.75	219.08	16.91%
95940 - IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	1,208.03	430.95	(777.08)	-64.33%
95941 - IONM REMOTE/NEARBY MORE THAN 1 PATIENT IN OR PER HOUR	3,216.59	3,148.07	(68.53)	-2.13%
95950-95962 Electroencephalography For Seizure Monitoring/Intraoperative Use	163.94	98.96	(64.98)	-39.63%
95951 - MNTR F LOCLZJ CERE SEIZ FOC CABLE RADIO EEG VID	87.80		(87.80)	
95955 - EEG NONICRA SURG		1.06	1.06	
95961 - FUNCJAL CORTANDSUBCORT MAPG ELTRDS 1 HR PHYS ATTN	55.97	77.74	21.77	38.89%
95962 - FUNCJAL CORTANDSUBCORT MAPG ELTRDS EA HR PHYS ATTN	20.17	20.17	0.00	0.00%
95970-95982 Evaluation of Implanted Neurostimulator	58.17	59.89	1.72	2.95%
95978 - ELEC ALYS NSTIM PLS GEN CPLX DP BRN 1ST HR	51.30	51.30	(0.00)	0.00%
95979 - ELEC ALYS NSTIM PLS GEN CPLX DP BRN EA 30 MIN	6.87	8.59	1.72	25.00%
95992-95999 Other and Unlisted Neurological Procedures	0.00		0.00	
95999 - UNLIS NEUROLOGICAL NEUROMUSCULAR DX PX	0.00		0.00	
G0008-G9156 Procedures/Professional Services (Temporary)	2,671.70	3,447.56	775.87	29.04%
G0127-G3001 Untitled section	2,671.70	3,447.56	775.87	29.04%
G0453 - CONT INTRAOP NEURO MONITOR	2,671.70	3,447.56	775.87	29.04%
Grand Total	10,325.09	10,562.90	237.81	2.30%

Exhibit 24



DEPARTMENT OF NEUROLOGY
DIVISION CHIEF BUDGET MEETINGS
FISCAL YEAR 2019
Meeting Date: January 18, 2018

- | | | |
|---|--|---|
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Stroke & Neuro Critical Care |
| <input type="checkbox"/> Headache Center | <input type="checkbox"/> Neuromuscular & Neurophysiology | |
| <input checked="" type="checkbox"/> Intraoperative Monitoring | <input type="checkbox"/> Neuro Oncology | |
| <input type="checkbox"/> Memory & Aging Center | <input type="checkbox"/> Neuro Rehabilitation | |
| <input type="checkbox"/> Movement Disorders | <input type="checkbox"/> Neuro Psychology | |
-

CLINICAL

New Clinical Faculty Recruits or Departures (Name / Subspecialty / Rank / Current Residence):

ACGME Clinical Fellow Recruits (Name / PGY Level / Name of Fellow Being Replaced):

Non-ACGME Clinical Instructor Fellow Recruits (Name / PGY Level / Name of Fellow Being Replaced):
(Include programs certified by UCNS)

Clinical Volume Growth Assumption (based on the six month period ended December 2017):

CYTD Net Coll: \$443,570 CYTD wRVUs: 8,022 Matched Net Coll/wRVU (12 mos): \$60.20

Seasonal wRVU %: 45.2% CY Seasonalized wRVU Proj.: 17,500 CY wRVU Budget: 17,555

Seasonal Net Coll %: 45.6% CY Net Coll Projection: \$1,052,026 CY Net Coll Budget: \$1,022,089

Next Year Faculty wRVU Budget Forecasts: _____

MGMA Academic Practice wRVU Benchmark (2016 Report, Table 43, Neurology, Median): 3,539

DEPARTMENT OF NEUROLOGY
DIVISION CHIEF BUDGET MEETINGS

Next Year Division wRVU Budget Forecast Total: _____

Clinical Equipment and Staffing Needs:

Clinic Needs: _____

Hospital Needs (Including Inpatient/Outpatient): _____

Space Needs:

MSOA Needs:

Administrative Needs:

RESEARCH

Clinical Trials Needs: _____

Basic Sciences Needs: _____

Additional Research Needs:

❖ Research Fellow Recruits (Name / Name of RA Being Replaced): _____

❖ Space: _____

❖ Support Staff (Administrative, Coordinator, Regulatory): _____

❖ Equipment: _____

EDUCATION

Educational Needs: _____

DEPARTMENT OF NEUROLOGY
DIVISION CHIEF BUDGET MEETINGS

DEVELOPMENT/FUNDRAISING & MARKETING PLANS:

DIVISION STRATEGIC PLANNING GOALS & OBJECTIVES (list and plan the 3 highest priorities):

- 1.**

- 2.**

- 3.**

Exhibit 25

LAC+USC Current Staffing Model

Department of Neurology

	Weekly Hours	Annual FTE	(1)
WEEKDAY CLINICAL ATTENDINGS			
Neurology Neuro Critical Care Service (Gold) – Attendings	90.00	2.66	(4) (3)
Neurology Neuro Critical Care Service (Gold) – Fellow	40.00	1.18	(4) (3)
Neurology Stroke Service (Red)	40.00	1.18	(3)
General Inpatient Neurology Service: Primary & Consults (Green)	40.00	1.18	
General Neurology Clinic	32.00	0.95	
Epilepsy Clinic + Epilepsy Surgical Conference	29.50	0.87	
Epilepsy Dietary Clinic	2.00	0.06	
Neuro Oncology Clinic + Tumor Board	6.00	0.18	
Neurology OB Clinic	3.00	0.09	
Multiple Sclerosis Clinic	8.00	0.24	
Movement Disorders Clinic	6.00	0.18	
Neuromuscular Clinic	2.00	0.06	
HIV Clinic	10.00	0.30	
Jail Clinic	2.00	0.06	
EEG Reading	15.00	0.44	
Pediatric Neurology	9.00	0.27	
EMG Procedures	30.00	0.89	
Epilepsy Procedures – WADA	4.00	0.12	
IOM Technicians	120.00	3.55	(5) *
IOM Attending	40.00	1.18	*
Neurology Neuro Critical Care Service (Gold) – Call Weekdays	70.00	0.26	(2) (3)
Neurology Stroke Service (Red) – Call Weekdays	80.00	0.30	(2) (3)
Neurology General Service (Green) – Call Weekdays	80.00	0.30	(2)
EEG Reading – Call Weekdays	120.00	0.44	(2)
IOM Attending – Call Weekdays	80.00	0.30	(2) *
eConsult Clinical Sessions	11.75	0.35	
SUBTOTAL WEEKDAY CLINICAL ATTENDINGS	970.25	17.55	
WEEKEND CLINICAL ATTENDINGS			
Neurology Neuro Critical Care Service (Gold) – Weekends	16.00	0.47	(4) (3)
Neurology Stroke Service (Red) – Weekends	16.00	0.47	(3)
Neurology General Service (Green) – Weekends	8.00	0.24	
Neurology Neuro Critical Care Service (Gold) – Call Weekends	32.00	0.12	(2) (3)
Neurology Stroke Service (Red) – Call Weekends	32.00	0.12	(2) (3)
Neurology General Service (Green) – Call Weekends	40.00	0.15	(2)
EEG Reading – Call Weekends	48.00	0.18	(2)
IOM Attending – Call Weekends	48.00	0.18	(2) *
SUBTOTAL WEEKEND CLINICAL ATTENDINGS	240.00	1.92	
TOTAL WEEKLY ATTENDINGS		19.47	

Footnotes:

- (1) FTE based on 1,760 work hours per year.
 (2) On-call hours valued at a ratio of one hour paid at full salary for every eight on-call hours.
 (3) Required to maintain primary stroke center certification.
 (4) Neurocritical care neurologists at a higher AAMC rate than neurology generalists.
 (5) IOM technicians' salary rate will be different from neurologists.

*

LAC+USC Current Staffing Model

Department of Neurology

	Weekly Hours	Annual FTE ⁽¹⁾
ADMINISTRATION AND RESIDENT/FELLOW INSTRUCTION		
General Physician Administrative	60.00	1.77
On-call Administrator	20.00	0.59
MEC and Leadership Meetings	45.75	1.35
Residency Program Director–ACGME Required	23.00	0.68
Trauma and OB Team Oversight	-	-
CHLA Assignment / Skill Maintenance	-	-
Oversight and Management of Mid-level Providers	-	-
Resident and Fellow Oversight	20.00	0.59
Exam Prep / Simulations / Oral Exam	-	-
Resident/Intern Lectures	9.25	0.27
Resident Recruitment – Attending	-	-
LAC M&M / Q.I. / Clinical Competency Committee	3.75	0.11
Scheduling Faculty / Daily Resident	-	-
SUBTOTAL ADMINISTRATION + INSTRUCTION	181.75	5.37
SUBTOTAL ALL PHYSICIAN SERVICE AND ADMIN	1,392.00	24.84
LESS: County-direct Paid (CDP) Physicians		2.63 ⁽³⁾
KSOM LAC+USC PHYSICIAN FTE BASED ON CURRENT EFFORT		22.22
FUTURE PROGRAMMATIC NEEDS:		
a. Neuro Critical Care Service (Gold)—Nurse Practitioner (approved, LAC hire pending)	40.00	1.18
b. Neuro Critical Care Service (Gold)—Fellow (second position)	40.00	1.18
c. Comprehensive Stroke Center—Vascular Neurologist	40.00	1.18
SUBTOTAL FUTURE NEEDS	120.00	3.55
KSOM LAC+USC PHYSICIAN FTE CURRENT EFFORT AND FUTURE NEEDS		25.76
STAFF EFFORT		
Administration (Finance, HR, Payroll)	45.00	1.33
Scheduling	-	-
Resident/Trainee Administration	60.00	1.77
Resident Research	-	-
OR and Staffing Analytics	-	-
Quality Improvement	44.00	1.30
SUBTOTAL ADMINISTRATIVE STAFF EFFORT	149.00	4.40
TOTAL KSOM LAC+USC PHYSICIAN AND STAFF EFFORT		26.62

Footnotes:

⁽¹⁾ FTE based on 1,760 work hours per year.

⁽²⁾ On-call hours valued at a ratio of one hour paid at full salary for every eight on-call hours.

⁽³⁾ Chui (1.0), Lin (0.75), Partikian (0.875). Partikian has other CDP time in Pediatrics.